

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 159

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
<b>Oz For Governor, Inc.</b>					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First <b>Thomas</b>	MI <b>J</b>	Last <b>Filomeno</b>	Suffix		
4. TREASURER ADDRESS						
Street Address <b>31 Bonny View Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( if applicable )			7. DISTRICT CODE ( if applicable )	
<b>11/02/2010</b>		<b>Governor</b>				
8. CANDIDATE NAME						
Title	First <b>R. Nelson</b>	MI	Last <b>Griebel</b>	Suffix		
9. TYPE OF REPORT						
<b>April 10 Filing - Original</b>						
10. PERIOD COVERED						
Beginning Date                      Ending Date						
<b>01/18/2010</b> thru <b>03/31/2010</b>						
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.						
<b>Electronic Filing</b>		<b>Thomas Filomeno</b>		<b>04/12/2010</b>		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Oz For Governor, Inc.</b>	Original 04/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$0.00</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$272,276.00</b>	<b>\$272,276.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D-I)	<b>\$30,050.00</b>	<b>\$30,050.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$302,326.00</b>	<b>\$302,326.00</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$302,326.00</b>	<b>\$302,326.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$58,325.61</b>	<b>\$58,325.61</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$244,000.39</b>	<b>\$244,000.39</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$549.63</b>	<b>\$549.63</b>
23. In-Kind Contributions Received (Section K)	<b>\$66.65</b>	<b>\$66.65</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$30,050.00</b>	<b>\$30,050.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$30,050.00</b>	<b>\$30,050.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$8,215.44</b>	<b>\$8,215.44</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$14,213.68</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$14,213.68</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**A. Total Contributions from Small Contributors-Received this Period ONLY**

(See instructions for definition of Small Contributor)

**Subtotal Section A****\$0.00****B. Itemized Contributions from Individuals**

Last Name Enders	First Name Tracy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0027	Amount of Contribution
Residential Street Address 160 Wall St	City Coventry	State CT	Zip Code 06238	Date Received 02/03/2010		
Principal Occupation area representative	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$40.00	\$40.00	
Last Name Dietz	First Name David	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0004	Amount of Contribution
Residential Street Address 3 Marlborough St # 2	City Boston	State MA	Zip Code 02116	Date Received 02/03/2010		
Principal Occupation Lawyer	Name of Employer Goodwin Procter LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00	
Last Name Rohrs	First Name Christopher	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0001	Amount of Contribution
Residential Street Address 3 Caryn Ln	City Simsbury	State CT	Zip Code 06089	Date Received 02/03/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00	
Last Name Woodworth	First Name Deborah	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0002	Amount of Contribution
Residential Street Address 85 Dean Rd	City East Lyme	State CT	Zip Code 06333	Date Received 02/03/2010		
Principal Occupation Administrator	Name of Employer Yale New Haven Hospital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Papermaster</b>	First Name <b>Daniel</b>	MI <b>I</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0008</b>	Amount of Contribution          <b>\$1,000.00</b>	
Residential Street Address <b>33 Linbrook Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107</b>		Date Received <b>02/06/2010</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Bingham McCutchen</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>			
Last Name <b>Papermaster</b>	First Name <b>Beth</b>	MI <b>B</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0007</b>	Amount of Contribution          <b>\$1,000.00</b>	
Residential Street Address <b>33 Linbrook Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107</b>		Date Received <b>02/06/2010</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>			
Last Name <b>Carstens</b>	First Name <b>Dan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0025</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>11 Aquidneck Trl</b>		City <b>Old Saybrook</b>		State <b>CT</b>	Zip Code <b>06475</b>		Date Received <b>02/08/2010</b>
Principal Occupation <b>Publisher/realtor</b>		Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>			
Last Name <b>Bourdon</b>	First Name <b>Thomas</b>	MI <b>P</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0023</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>2 Kelly Farm Rd</b>		City <b>Simsbury</b>		State <b>CT</b>	Zip Code <b>06070</b>		Date Received <b>02/08/2010</b>
Principal Occupation <b>student</b>		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>			

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Bourdon</b>	First Name <b>Peter</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0024</b>	Amount of Contribution          <b>\$3,500.00</b>	
Residential Street Address <b>2 Kelly Farm Rd</b>		City <b>Simsbury</b>		State <b>CT</b>	Zip Code <b>06070</b>		Date Received <b>02/08/2010</b>
Principal Occupation <b>Financial Officer</b>		Name of Employer <b>TopCoder</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$3,500.00</b>
Last Name <b>Bourdon</b>	First Name <b>Timothy</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0021</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>2 Kelly Farm Rd</b>		City <b>Simsbury</b>		State <b>CT</b>	Zip Code <b>06070</b>		Date Received <b>02/08/2010</b>
Principal Occupation <b>Project Manager</b>		Name of Employer <b>Sports Technologies</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$50.00</b>
Last Name <b>Gualtieri</b>	First Name <b>Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0022</b>	Amount of Contribution          <b>\$500.00</b>	
Residential Street Address <b>17 Colony Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117</b>		Date Received <b>02/08/2010</b>
Principal Occupation <b>Owner &amp; President</b>		Name of Employer <b>ProCourier</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$500.00</b>
Last Name <b>Bourdon</b>	First Name <b>Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0032</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>2 Kelly Farm Rd</b>		City <b>Simsbury</b>		State <b>CT</b>	Zip Code <b>06070</b>		Date Received <b>02/10/2010</b>
Principal Occupation <b>student</b>		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$50.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Paternoster</b>	First Name <b>Laurie</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0028</b>	Amount of Contribution          <b>\$1,500.00</b>
Residential Street Address <b>48 Chatham HI</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06073</b>	Date Received <b>02/10/2010</b>		
Principal Occupation <b>finance</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,500.00</b>		
Last Name <b>Bourdon</b>	First Name <b>Peter</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0029</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>28 Kenyon St</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105</b>	Date Received <b>02/10/2010</b>		
Principal Occupation <b>Business Development</b>	Name of Employer <b>Bny Mellon</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Piepmeyer</b>	First Name <b>Edward</b>	MI <b>B</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0030</b>	Amount of Contribution          <b>\$30.00</b>
Residential Street Address <b>600 Columbia Ave # 3B</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10024</b>	Date Received <b>02/10/2010</b>		
Principal Occupation <b>student</b>	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$30.00</b>		
Last Name <b>Miller</b>	First Name <b>Meredith</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0031</b>	Amount of Contribution          <b>\$500.00</b>
Residential Street Address <b>1221 E 52nd St # 2</b>	City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60615</b>	Date Received <b>02/10/2010</b>		
Principal Occupation <b>Consultant</b>	Name of Employer <b>McKinsey &amp; Co</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Barnes</b>	First Name <b>Jim</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0033</b>	Amount of Contribution          <b>\$3,500.00</b>
Residential Street Address <b>66 Ferncliff Dr</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	Date Received <b>02/10/2010</b>		
Principal Occupation <b>Chairman</b>	Name of Employer <b>FM Facility Maintenance</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$3,500.00</b>		
Last Name <b>Barnes</b>	First Name <b>Donna</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0034</b>	Amount of Contribution          <b>\$3,500.00</b>
Residential Street Address <b>66 Ferncliff Dr</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	Date Received <b>02/10/2010</b>		
Principal Occupation <b>mother</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$3,500.00</b>		
Last Name <b>Carver</b>	First Name <b>Howard</b>	MI <b>L</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0010</b>	Amount of Contribution          <b>\$1,000.00</b>
Residential Street Address <b>727 Willowbrook Rd</b>	City <b>Silverthorne</b>	State <b>CO</b>	Zip Code <b>80498</b>	Date Received <b>02/10/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>		
Last Name <b>Miller</b>	First Name <b>Janet</b>	MI <b>R</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0011</b>	Amount of Contribution          <b>\$3,500.00</b>
Residential Street Address <b>45 Blue Rdg</b>	City <b>Weatogue</b>	State <b>CT</b>	Zip Code <b>00689</b>	Date Received <b>02/10/2010</b>		
Principal Occupation <b>Housewife</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$3,500.00</b>		



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Miller	First Name William	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0012	Amount of Contribution
Residential Street Address 45 Blue Ridge Dr	City Weatogue	State CT	Zip Code 06089	Date Received 02/10/2010		
Principal Occupation Businessman	Name of Employer Oracle Elevator Company		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Griebel	First Name Sandra	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0013	Amount of Contribution
Residential Street Address 225 W 83rd # 23-A	City New York	State NY	Zip Code 10024	Date Received 02/10/2010		
Principal Occupation Homemaker	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Griebel	First Name Doug	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0014	Amount of Contribution
Residential Street Address 225 W 83rd # 23-A	City New York	State NY	Zip Code 10024	Date Received 02/10/2010		
Principal Occupation Restaurant Owner	Name of Employer Rosa Meaxicano		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Miller	First Name John	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0015	Amount of Contribution
Residential Street Address 15 E 30th St Apt 402	City New York	State NY	Zip Code 10016	Date Received 02/10/2010		
Principal Occupation consultant	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Booth	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0016	Amount of Contribution
Residential Street Address 7 Winterberry Ln	City Deep River	State CT	Zip Code 06417	Date Received 02/10/2010		
Principal Occupation Vice Chairman	Name of Employer Guy Carpenter LLC	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						
Last Name Wilson	First Name Bruce	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0009	Amount of Contribution
Residential Street Address 1 Windsor Ct	City Farmington	State CT	Zip Code 06032	Date Received 02/10/2010		
Principal Occupation CEO	Name of Employer The First Tee of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Filomeno	First Name Thomas	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0017	Amount of Contribution
Residential Street Address 31 Bonny View Rd	City West Hartford	State CT	Zip Code 06107	Date Received 02/10/2010		
Principal Occupation CPA	Name of Employer Filomeno & Co P.C.	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Budd	First Name Edward	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0018	Amount of Contribution
Residential Street Address 270 Chestnut Hill Rd	City Glastonbury	State CT	Zip Code 06033	Date Received 02/12/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Long III	First Name John	MI T	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0039	Amount of Contribution
Residential Street Address 1756 Brightwaters Blvd NE	City St Petersburg	State FL	Zip Code 33704	Date Received 02/15/2010		
Principal Occupation President & CEO	Name of Employer St. Petersburg Area Chamber of Commerce	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	
Last Name Klingel	First Name Todd	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0040	Amount of Contribution
Residential Street Address 81 S 9th St Ste 200	City Minneapolis	State MN	Zip Code 55044	Date Received 02/15/2010		
Principal Occupation President	Name of Employer Mpls Regional Chamber of Commerce	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	
Last Name Kinsinger	First Name Doug	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0041	Amount of Contribution
Residential Street Address 1032 SW Dartmoor Ln	City Topeka	State KS	Zip Code 66604	Date Received 02/15/2010		
Principal Occupation Chamber CEO	Name of Employer Greater Topeka, KS Chamber of Commerce	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	
Last Name Scheeler	First Name Kim	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0042	Amount of Contribution
Residential Street Address 3318 Handley Rd	City Midlothian	State VA	Zip Code 23113	Date Received 02/15/2010		
Principal Occupation President & CEO	Name of Employer Greater Richmond Chamber of Commerce	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	







**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Robinson	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0058	Amount of Contribution
Residential Street Address 1974 Hartford Tpke	City North Haven	State CT	Zip Code 06473	Date Received 02/19/2010		
Principal Occupation Lawyer, College Prof	Name of Employer University of New Haven	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Dietz	First Name David	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0053	Amount of Contribution
Residential Street Address 3 Marlborough St # 2	City Boston	State MA	Zip Code 02116	Date Received 02/20/2010		
Principal Occupation Lawyer	Name of Employer Goodwin Procter LLP	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Carver	First Name Stephen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0051	Amount of Contribution
Residential Street Address 175 15th St # 305	City Atlanta	State GA	Zip Code 30309	Date Received 02/20/2010		
Principal Occupation Sr. VP Market Manager	Name of Employer CBS Radio	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00		
\$300.00						
Last Name Sieber	First Name Glenn	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0052	Amount of Contribution
Residential Street Address 7 Whitman Pond Rd	City Simsbury	State CT	Zip Code 06070	Date Received 02/20/2010		
Principal Occupation Teacher	Name of Employer Avon Old Farms School	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		
\$200.00						







**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Bailey</b>	First Name <b>Juergen</b>	MI <b>F</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0064</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>12 Lincoln Ln</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06089</b>	Date Received <b>02/26/2010</b>			
Principal Occupation <b>Management</b>	Name of Employer <b>FPS, Inc</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Zweiner</b>	First Name <b>David</b>	MI <b>K</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0065</b>	Amount of Contribution          <b>\$3,500.00</b>	
Residential Street Address <b>150 Scarborough St</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105</b>	Date Received <b>02/26/2010</b>			
Principal Occupation <b>Investor/Consultant</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$3,500.00</b>
Last Name <b>Eagan</b>	First Name <b>Mark</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0066</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>7 Momrow Ter</b>	City <b>Albany</b>	State <b>NY</b>	Zip Code <b>12204</b>	Date Received <b>02/26/2010</b>			
Principal Occupation <b>Management</b>	Name of Employer <b>Albany-Colonie Regional Chamber of Commerce</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$50.00</b>
Last Name <b>Gregory</b>	First Name <b>John</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0115</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>PO Box 562</b>	City <b>Slatersville</b>	State <b>RI</b>	Zip Code <b>02876</b>	Date Received <b>02/26/2010</b>			
Principal Occupation <b>Executive</b>	Name of Employer <b>Northern RI Chamber of Commerce</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Chesshir	First Name Jay	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0116	Amount of Contribution
Residential Street Address 17200 Lamarche Blvd	City Little Rock	State AR	Zip Code 72223	Date Received 02/26/2010		
Principal Occupation Management	Name of Employer Little Rock Regional Chmber of Commerce		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		
\$200.00						
Last Name Connors	First Name Bill	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0117	Amount of Contribution
Residential Street Address 919 E Boise Ave	City Boise	State ID	Zip Code 83706	Date Received 02/26/2010		
Principal Occupation Chamber Executive	Name of Employer Boise Metro Chamber		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Oberwetter	First Name James	MI C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0118	Amount of Contribution
Residential Street Address 5220 Westgrove Dr	City Dallas	State TX	Zip Code 75248	Date Received 02/26/2010		
Principal Occupation President	Name of Employer Dallas Regional Chamber		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Drury	First Name Carl	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0119	Amount of Contribution
Residential Street Address 70 Zenith Ln	City Glastonbury	State CT	Zip Code 06033	Date Received 02/27/2010		
Principal Occupation Sales mngr	Name of Employer EMC Corporation		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Meaney</b>	First Name <b>Joseph</b>	MI <b>V</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0089</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>8 Westborough Dr</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06089</b>	Date Received <b>02/28/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u><b>02282010A</b></u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Flaherty</b>	First Name <b>Kevin</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0090</b>	Amount of Contribution          <b>\$200.00</b>
Residential Street Address <b>28 Colony Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	Date Received <b>02/28/2010</b>		
Principal Occupation <b>Banker</b>	Name of Employer <b>Webster Bank</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u><b>02282010A</b></u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00</b>		
Last Name <b>Bell</b>	First Name <b>Eileen</b>	MI <b>L</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0091</b>	Amount of Contribution          <b>\$500.00</b>
Residential Street Address <b>39 Kingsbridge</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>02/28/2010</b>		
Principal Occupation <b>Supervisor</b>	Name of Employer <b>Hospital of Central CT</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u><b>02282010A</b></u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>		
Last Name <b>Bell</b>	First Name <b>James</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0092</b>	Amount of Contribution          <b>\$500.00</b>
Residential Street Address <b>39 Kingsbridge</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>02/28/2010</b>		
Principal Occupation <b>Manager</b>	Name of Employer <b>CT Business &amp; Industry Assoc</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u><b>02282010A</b></u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Miller	First Name Grace	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0068	Amount of Contribution
Residential Street Address 53 E 95th Apt 3B	City New York	State NY	Zip Code 10128	Date Received 02/28/2010		
Principal Occupation Teacher	Name of Employer Archdioces of New York		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02282010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Gill	First Name Scott	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0069	Amount of Contribution
Residential Street Address 135 Northington Dr	City Avon	State CT	Zip Code 06001	Date Received 02/28/2010		
Principal Occupation Insurance	Name of Employer Travelers		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02282010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Swenson	First Name Laura	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0070	Amount of Contribution
Residential Street Address 19 Lawton Dr	City Simsbury	State CT	Zip Code 06070	Date Received 02/28/2010		
Principal Occupation Teacher	Name of Employer Canton Intermediate School		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02282010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Fitzpatrick	First Name Paul	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0073	Amount of Contribution
Residential Street Address 22 Main Street Ext # A-6	City Simsbury	State CT	Zip Code 06081	Date Received 02/28/2010		
Principal Occupation Teacher	Name of Employer Northwest Catholic High School		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02282010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		







**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Bermel</b>	First Name <b>John</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0084</b>	Amount of Contribution          <b>\$300.00</b>
Residential Street Address <b>237 Old Farms Rd</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>02/28/2010</b>		
Principal Occupation <b>Insurance</b>	Name of Employer <b>Aetna</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>02282010A</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$300.00</b>		
Last Name <b>Skomorowski</b>	First Name <b>Christopher</b>	MI <b>R</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0085</b>	Amount of Contribution          <b>\$500.00</b>
Residential Street Address <b>48 Highwood</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>02/28/2010</b>		
Principal Occupation <b>Exec</b>	Name of Employer <b>Bicron Electronics</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>02282010A</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>		
Last Name <b>Boelhouwer</b>	First Name <b>C</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0086</b>	Amount of Contribution          <b>\$1,000.00</b>
Residential Street Address <b>32 Penfield Pl</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032</b>	Date Received <b>02/28/2010</b>		
Principal Occupation <b>Manager</b>	Name of Employer <b>Oracle Elevator</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>02282010A</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>		
Last Name <b>Rohrs</b>	First Name <b>Kathleen</b>	MI <b>F</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0087</b>	Amount of Contribution          <b>\$1,000.00</b>
Residential Street Address <b>3 Caryn Ln</b>	City <b>Weatogue</b>	State <b>CT</b>	Zip Code <b>06089</b>	Date Received <b>02/28/2010</b>		
Principal Occupation <b>homemaker</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>02282010A</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Bednarczyk</b>	First Name <b>Susan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0071</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>119 E Weatogue St</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>02/28/2010</b>		
Principal Occupation <b>advertising/marketing</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>02282010A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Piecuch</b>	First Name <b>Gregory</b>	MI <b>W</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0072</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>3 Michael Rd</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>02/28/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Krell, McNamara</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>02282010A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Maguire</b>	First Name <b>Betsy</b>	MI <b>L</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0075</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>49 Drumlin Rd</b>	City <b>West Simsbury</b>	State <b>CT</b>	Zip Code <b>06092</b>	Date Received <b>02/28/2010</b>		
Principal Occupation <b>homemaker</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>02282010A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Ecker</b>	First Name <b>Roberto</b>	MI <b>C</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0078</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>40 Blue Ridge Dr</b>	City <b>Weatogue</b>	State <b>CT</b>	Zip Code <b>06089</b>	Date Received <b>02/28/2010</b>		
Principal Occupation <b>Executive</b>	Name of Employer <b>The Hartford</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>02282010A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Ayer</b>	First Name <b>Ramani</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0096</b>	Amount of Contribution          <b>\$3,500.00</b>
Residential Street Address <b>22 Pasture Ln</b>	City <b>West Simsbury</b>	State <b>CT</b>	Zip Code <b>06092</b>	Date Received <b>03/01/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$3,500.00</b>		
Last Name <b>Andruszkiewicz</b>	First Name <b>Danielle</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0097</b>	Amount of Contribution          <b>\$1,000.00</b>
Residential Street Address <b>3338 Peachtree Rd NE # 3502</b>	City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30326</b>	Date Received <b>03/01/2010</b>		
Principal Occupation <b>mother</b>	Name of Employer <b>n/a</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>		
Last Name <b>Mandell</b>	First Name <b>Mark</b>	MI <b>N</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0098</b>	Amount of Contribution          <b>\$3,500.00</b>
Residential Street Address <b>27 Porter</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	Date Received <b>03/01/2010</b>		
Principal Occupation <b>Executive</b>	Name of Employer <b>Data-Mail, Inc</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$3,500.00</b>		
Last Name <b>Roffe</b>	First Name <b>Andrew</b>	MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0101</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>1192 Park Ave Apt 1D</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10128</b>	Date Received <b>03/01/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Robinson &amp; Cole LLC</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Maglio</b>	First Name <b>Michael</b>	MI <b>F</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0102</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>35 Leigh Gate Rd</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033</b>	Date Received <b>03/01/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Robinson &amp; Cole LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Kolosky</b>	First Name <b>Michael</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0103</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>27 Ribera Ln</b>	City <b>Middletown</b>	State <b>CT</b>	Zip Code <b>06457</b>	Date Received <b>03/01/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Robinson &amp; Cole LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Tobin</b>	First Name <b>Rhonda</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0104</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>4 Anja Dr</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>03/01/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Robinson &amp; Cole LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Guanci</b>	First Name <b>Matthew</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0105</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>299 Farmcliff Dr</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033</b>	Date Received <b>03/01/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Robinson &amp; Cole LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name Lynch		First Name John		MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0106	Amount of Contribution
Residential Street Address 15 Clove HI			City Wethersfield		State CT	Zip Code 06109		Date Received 03/01/2010
Principal Occupation Lawyer		Name of Employer Robinson & Cole LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$300.00	
<div>\$300.00</div>								

Last Name Smith		First Name Robert		MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0108	Amount of Contribution
Residential Street Address 39 Scarborough St			City Hartford		State CT	Zip Code 06105		Date Received 03/01/2010
Principal Occupation Lawyer		Name of Employer Robinson & Cole LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Hadden		First Name J.C. David		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0109		Amount of Contribution	
Residential Street Address 10 Talcott Mountain Rd			City Simsbury		State CT	Zip Code 06070		Date Received 03/01/2010				
Principal Occupation Attorney			Name of Employer Robinson & Cole			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00			\$100.00	

Last Name Daniels		First Name Eric		MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0100	Amount of Contribution
Residential Street Address 112 Quail Run		City Glastonbury			State CT	Zip Code 06033	Date Received 03/01/2010	
Principal Occupation Attorney		Name of Employer Robinson & Cole			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		\$1,000.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name McDowell		First Name Linda		MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0107	Amount of Contribution
Residential Street Address 35 Old Farms Rd		City Andover		State CT	Zip Code 06232		Date Received 03/01/2010	
Principal Occupation Attorney		Name of Employer Robinson & Cole LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

Last Name Sheehy		First Name Tim		MI MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0123	Amount of Contribution
Residential Street Address 756 N Milwaukee St			City Milwaukee		State WI	Zip Code 53217		Date Received 03/01/2010
Principal Occupation President			Name of Employer MMAC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$300.00	\$300.00

Last Name Devereaux		First Name Barbara		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0124	Amount of Contribution
Residential Street Address 421 W 3rd St Apt 1900			City Austin		State TX	Zip Code 78701	Date Received 03/02/2010	
Principal Occupation Insurance			Name of Employer New York Life		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00
								\$3,500.00

Last Name Dowling						First Name Vincent		MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0099		Amount of Contribution	
Residential Street Address 54 Ledyard Rd				City West Hartford			State CT	Zip Code 06117		Date Received 03/02/2010				
Principal Occupation Investor				Name of Employer Dowling Corporation				Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,490.00		\$3,490.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Wallace</b>	First Name <b>Chris</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0125</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>9809 Canyon Crest Cir</b>	City <b>Irving</b>	State <b>TX</b>	Zip Code <b>75063</b>	Date Received <b>03/03/2010</b>		
Principal Occupation <b>President/CEO</b>	Name of Employer <b>Greater Irving-Las Colinas Chamber of Commerce</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Wollert</b>	First Name <b>Grace</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0094</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>6 Washburn Dr</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>03/03/2010</b>		
Principal Occupation <b>Administration</b>	Name of Employer <b>Melanson &amp; Spagna</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>02282010A</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Payne</b>	First Name <b>William</b>	MI <b>T</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0093</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>3 Red Oak Ct</b>	City <b>Weatogue</b>	State <b>CT</b>	Zip Code <b>06089</b>	Date Received <b>03/03/2010</b>		
Principal Occupation <b>Financial Advisor</b>	Name of Employer <b>UBS Financial Services</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>02282010A</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Belding</b>	First Name <b>Harriet</b>	MI <b>C</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0095</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>402 Timber Ln</b>	City <b>Canton</b>	State <b>CT</b>	Zip Code <b>06019</b>	Date Received <b>03/03/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>02282010A</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		





**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Bromberg</b>	First Name <b>Christine</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0113</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>15 Vardon Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	Date Received <b>03/04/2010</b>			
Principal Occupation <b>Attorney</b>	Name of Employer <b>Robinson &amp; Cole LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Vaughn</b>	First Name <b>Maureen</b>	MI <b>O</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0127</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>24 Elaine Dr</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>03/05/2010</b>			
Principal Occupation <b>Data entry</b>	Name of Employer <b>FV YMCA</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u><b>02282010A</b></u>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Murnane</b>	First Name <b>Mark</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0128</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>160 Nod Rd</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>03/05/2010</b>			
Principal Occupation <b>Financial Services</b>	Name of Employer <b>The Hartford</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u><b>02282010A</b></u>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Schwartzman</b>	First Name <b>Karen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0129</b>	Amount of Contribution          <b>\$500.00</b>	
Residential Street Address <b>9 Dartmouth Pl</b>	City <b>Boston</b>	State <b>MA</b>	Zip Code <b>02116</b>	Date Received <b>03/05/2010</b>			
Principal Occupation <b>crisis management consulting</b>	Name of Employer <b>self-Polaris Public Relations</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$500.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Tanchum</b>	First Name <b>Michael</b>	MI <b>L</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0130</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>21 Chedworth Rd</b>	City <b>Scarsdale</b>	State <b>NY</b>	Zip Code <b>10583</b>	Date Received <b>03/05/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Eisenberg, Tanchum &amp; Levy</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Sinatro</b>	First Name <b>Pat</b>	MI <b>L</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0114</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>33 Glenwood</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>03/05/2010</b>		
Principal Occupation <b>real estate/insurance</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Lord</b>	First Name <b>Frank</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0147</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>PO Box 230177</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06123</b>	Date Received <b>03/06/2010</b>		
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Hopgood</b>	First Name <b>Suzanne</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0148</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>PO Box 230177</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06123</b>	Date Received <b>03/06/2010</b>		
Principal Occupation <b>Managing Director</b>	Name of Employer <b>NACD</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name Lutz		First Name Lisa		MI B	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0149		Amount of Contribution	
Residential Street Address 7443 Old Maple Sq			City McLean		State VA	Zip Code 22102		Date Received 03/08/2010				
Principal Occupation homemaker			Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$750.00			\$750.00	

Last Name Lecours		First Name Ronald		MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0131	Amount of Contribution
Residential Street Address 13 Lincoln Ln		City Simsbury			State CT	Zip Code 06070	Date Received 03/08/2010	
Principal Occupation Investment Management		Name of Employer Ohanesian/Lecours			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02282010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		\$1,000.00

Last Name Kraus		First Name Eileen		MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0132	Amount of Contribution
Residential Street Address 209 Tunxis Rd		City West Hartford			State CT	Zip Code 06107-3201	Date Received 03/08/2010	
Principal Occupation corporate director		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$3,500.00	\$3,500.00

Last Name Webster		First Name Gloria		MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0133	Amount of Contribution       \$100.00
Residential Street Address 6 Newman Rd		City Newbury		State MA	Zip Code 01951	Date Received 03/08/2010		
Principal Occupation retired		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Gallis	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0134	Amount of Contribution
Residential Street Address 8333 Meadow Lakes Dr	City Charlotte	State NC	Zip Code 28210	Date Received 03/08/2010		
Principal Occupation Urban Planning	Name of Employer Michael GALLIS & Associates		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Suisman	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0135	Amount of Contribution
Residential Street Address 48 Orchard Rd	City West Hartford	State CT	Zip Code 06117	Date Received 03/10/2010		
Principal Occupation President	Name of Employer Danny Corp.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Goldfarb	First Name Robert	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0159	Amount of Contribution
Residential Street Address 15 Ridgemont Dr	City West Hartford	State CT	Zip Code 06117	Date Received 03/10/2010		
Principal Occupation President	Name of Employer HRW Resources		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Martin	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0150	Amount of Contribution
Residential Street Address 135 W 70th St # Phb	City New York	State NY	Zip Code 10023	Date Received 03/10/2010		
Principal Occupation Trader	Name of Employer Caxton Associates LP		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Devereaux	First Name Kelly	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0151	Amount of Contribution
Residential Street Address 475 Redwood St # 509	City San Diego	State CA	Zip Code 92103	Date Received 03/10/2010		
Principal Occupation Construction Mngr	Name of Employer DPR Construction		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
\$3,500.00						
Last Name Devereaux	First Name Doug	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0152	Amount of Contribution
Residential Street Address 541 N Ash Dr	City Chandler	State AZ	Zip Code 85224	Date Received 03/10/2010		
Principal Occupation Head of Operations	Name of Employer C+D Partners		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
\$3,500.00						
Last Name Esposito	First Name Peter	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0136	Amount of Contribution
Residential Street Address 61 Blue Ridge Dr	City Weatogue	State CT	Zip Code 06089	Date Received 03/10/2010		
Principal Occupation President	Name of Employer RCL Benzinger		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Gulotta Jr.	First Name Stephen	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0137	Amount of Contribution
Residential Street Address 40 Hidden Oak Rd	City Briarcliff Manor	State NY	Zip Code 10510	Date Received 03/10/2010		
Principal Occupation Attorney	Name of Employer Mintz Levin Cohen Ferris Glovsky and Pepeo,PC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Anderson</b>	First Name <b>Calum</b>	MI <b>B</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0138</b>	Amount of Contribution          <b>\$200.00</b>	
Residential Street Address <b>7 Quorn Hunt Rd</b>		City <b>West Simsbury</b>		State <b>CT</b>	Zip Code <b>06092</b>		Date Received <b>03/10/2010</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Danaher, Lagnese &amp; Sacco, PC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$200.00</b>
Last Name <b>Hickey</b>	First Name <b>Dan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0153</b>	Amount of Contribution          <b>\$3,500.00</b>	
Residential Street Address <b>846 7th Ave</b>		City <b>New York</b>		State <b>NY</b>	Zip Code <b>10019</b>		Date Received <b>03/11/2010</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>RM Hospitality</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$3,500.00</b>
Last Name <b>Martin</b>	First Name <b>James</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0154</b>	Amount of Contribution          <b>\$2,500.00</b>	
Residential Street Address <b>135 W 70th Ave # Phb</b>		City <b>New York</b>		State <b>NY</b>	Zip Code <b>10023</b>		Date Received <b>03/11/2010</b>
Principal Occupation <b>Trader</b>		Name of Employer <b>Caxton Associates LP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$2,500.00</b>
Last Name <b>Koppel</b>	First Name <b>Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0143</b>	Amount of Contribution          <b>\$250.00</b>	
Residential Street Address <b>6740 170th Pl SE</b>		City <b>Bellevue</b>		State <b>WA</b>	Zip Code <b>98006</b>		Date Received <b>03/11/2010</b>
Principal Occupation <b>CFO</b>		Name of Employer <b>Nordstroms</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03112010B</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$250.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Liebowitz	First Name Jerome	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0145	Amount of Contribution
Residential Street Address 1500 Palisade Ave # 15D	City Fort Lee	State NJ	Zip Code 07024	Date Received 03/11/2010		
Principal Occupation attorney	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03112010B</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Michas	First Name Carolyn	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0146	Amount of Contribution
Residential Street Address 36 E 72nd St	City New York	State NY	Zip Code 10021	Date Received 03/11/2010		
Principal Occupation homemaker	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03112010B</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Hiner	First Name Thomas	MI Y	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0140	Amount of Contribution
Residential Street Address 145 W 67th	City New York	State NY	Zip Code 10023	Date Received 03/11/2010		
Principal Occupation Attorney	Name of Employer Hunton & Williams LLP	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03112010B</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00		
\$300.00						
Last Name Schiller	First Name Stephen	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0141	Amount of Contribution
Residential Street Address 1088 Park Ave	City New York	State NY	Zip Code 10128	Date Received 03/11/2010		
Principal Occupation investment banker	Name of Employer Gordian Group, LLC	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03112010B</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00		
\$300.00						





**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name Koster		First Name Evan		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0144	Amount of Contribution
Residential Street Address 34 Old Easton Tpke		City Weston		State CT	Zip Code 06883		Date Received 03/11/2010	
Principal Occupation lawyer		Name of Employer Deweg & Lebeif LLP			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03112010B</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	
							\$250.00	

Last Name Thompson		First Name Douglas		MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0139	Amount of Contribution
Residential Street Address 76 Warren Gln			City Burlington		State CT	Zip Code 06013	Date Received 03/12/2010	
Principal Occupation retired			Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$2,000.00	\$2,000.00

Last Name Moon		First Name Hee-Jung		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0155	Amount of Contribution
Residential Street Address 1130 Park Ave Apt 10-2			City New York		State NY	Zip Code 10128-1255	Date Received 03/15/2010	
Principal Occupation homemaker			Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03112010B</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$2,000.00	\$2,000.00

Last Name Annon Jr.		First Name Robert		MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0157	Amount of Contribution       \$250.00
Residential Street Address 17 Essex Hills Rd		City Essex		State CT	Zip Code 06426	Date Received 03/15/2010		
Principal Occupation Banker		Name of Employer Webster Bank			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03232010C</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Smith Jr.</b>	First Name <b>Richard</b>	MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0158</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>54 Glenwood Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107-1507</b>	Date Received <b>03/15/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Murtha Cullina LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Bookman</b>	First Name <b>Robert</b>	MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0162</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>7 Plains Dr</b>	City <b>New City</b>	State <b>NY</b>	Zip Code <b>10956</b>	Date Received <b>03/15/2010</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03112010B</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Holden Jr.</b>	First Name <b>Stuart</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0160</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>130 Main St</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032</b>	Date Received <b>03/15/2010</b>		
Principal Occupation <b>President</b>	Name of Employer <b>Keeney Manufacturing</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Jain</b>	First Name <b>Kiran</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0178</b>	Amount of Contribution          <b>\$1,000.00</b>
Residential Street Address <b>25 Fir Grove Rd</b>	City <b>Manchester</b>	State <b>CT</b>	Zip Code <b>06040</b>	Date Received <b>03/15/2010</b>		
Principal Occupation <b>airport development</b>	Name of Employer <b>Gmr Group</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>		

## I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name Spence		First Name Carol		MI L	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0176	Amount of Contribution
Residential Street Address 30 Bayfield Rd		City Wayland			State MA	Zip Code 01778	Date Received 03/16/2010	
Principal Occupation self employed		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Bryson		First Name David		MI C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0177	Amount of Contribution
Residential Street Address 119 High St		City Charlestown		State MA	Zip Code 02129		Date Received 03/16/2010	
Principal Occupation lawyer		Name of Employer Endurance International Group			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		\$200.00

Last Name Dobkin		First Name Eric		MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0163	Amount of Contribution
Residential Street Address 160 Old Church Ln			City Pound Ridge		State NY	Zip Code 10576	Date Received 03/17/2010	
Principal Occupation advisory director			Name of Employer Goldman Sachs and Co			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

Last Name Yarde		First Name Barbara		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0165	Amount of Contribution
Residential Street Address 8047 Cape San Blas Rd			City Port Saint Joe		State FL	Zip Code 32456	Date Received 03/17/2010	
Principal Occupation homemaker			Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>McGovern</b>	First Name <b>Robert</b>	MI <b>I</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0175</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>6 Fieldstone Cir</b>	City <b>Whitman</b>	State <b>MA</b>	Zip Code <b>02382</b>	Date Received <b>03/17/2010</b>		
Principal Occupation <b>consultant</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Sargent</b>	First Name <b>James</b>	MI <b>R</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0174</b>	Amount of Contribution          <b>\$20.00</b>
Residential Street Address <b>996 Flanders Rd</b>	City <b>Southington</b>	State <b>CT</b>	Zip Code <b>06489</b>	Date Received <b>03/17/2010</b>		
Principal Occupation <b>intern</b>	Name of Employer <b>Southington Schools</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		
Last Name <b>O'Brien</b>	First Name <b>Russell</b>	MI <b>P</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0173</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>39 William Fairfield Dr</b>	City <b>Wenham</b>	State <b>MA</b>	Zip Code <b>01984</b>	Date Received <b>03/18/2010</b>		
Principal Occupation <b>Managing Director-sales</b>	Name of Employer <b>Nexar Capital</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Smith</b>	First Name <b>Geraldine</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0209</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>126 W 80th St # 4</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10024</b>	Date Received <b>03/19/2010</b>		
Principal Occupation <b>Sales</b>	Name of Employer <b>Advance Restaurant Finance, LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03112010B</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Schaefer	First Name John	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0166	Amount of Contribution
Residential Street Address 3 E 77th St # 15C	City New York	State NY	Zip Code 10021	Date Received 03/19/2010		
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
\$3,500.00						
Last Name Kahwaty	First Name John	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0167	Amount of Contribution
Residential Street Address 27 Wareland Rd	City Wellesley	State MA	Zip Code 02481	Date Received 03/19/2010		
Principal Occupation Financial Consultants	Name of Employer Global Atlantic Partners	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Donahue	First Name Patricia	MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0172	Amount of Contribution
Residential Street Address 38 Longmeadow Rd	City Lincoln	State MA	Zip Code 01773	Date Received 03/19/2010		
Principal Occupation freelance writer	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Englehart	First Name Jeanne	MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0171	Amount of Contribution
Residential Street Address 2137 Lambert Creek Rd NE	City Grand Rapids	State MI	Zip Code 49505	Date Received 03/19/2010		
Principal Occupation CEO/President	Name of Employer Grand Rapids Chamber of Commerce	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name Spier		First Name Alan		MI R	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0168	Amount of Contribution
Residential Street Address 111 Whapley Rd		City Glastonbury			State CT	Zip Code 06033		Date Received 03/19/2010
Principal Occupation retired		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00		

Last Name Banning		First Name Harry	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0316	Amount of Contribution       \$1,000.00
Residential Street Address 51 Palisade Ter		City Glastonbury		State CT	Zip Code 06033	Date Received 03/19/2010	
Principal Occupation investor		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,000.00	

Last Name Barnes Jr.		First Name Thomas		MI O		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0170		Amount of Contribution	
Residential Street Address 1900 Perkins St			City Bristol			State CT	Zip Code 06010		Date Received 03/19/2010		
Principal Occupation Chair of Board			Name of Employer Barnes Group Inc.				Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03232010C</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Aggregate Contributions \$500.00		\$500.00

Last Name Shanks		First Name Margaret		MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0169	Amount of Contribution       \$250.00
Residential Street Address 2 Briarwood Dr		City Simsbury		State CT	Zip Code 06070	Date Received 03/19/2010		
Principal Occupation retired		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03232010C</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Moisan</b>	First Name <b>Karl</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0317</b>	Amount of Contribution          <b>\$500.00</b>
Residential Street Address <b>640 Rosalind Run</b>	City <b>Yardley</b>	State <b>PA</b>	Zip Code <b>19067</b>	Date Received <b>03/19/2010</b>		
Principal Occupation <b>Banker</b>	Name of Employer <b>Interbay Funding LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>		
Last Name <b>Zaleski</b>	First Name <b>Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0318</b>	Amount of Contribution          <b>\$40.00</b>
Residential Street Address <b>23 Black Birch Rd</b>	City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109</b>	Date Received <b>03/22/2010</b>		
Principal Occupation <b>Executive Director</b>	Name of Employer <b>Hartford Business Improvement District</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$40.00</b>		
Last Name <b>Rohrs Jr.</b>	First Name <b>Christopher</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0319</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>3 Caryn Ln</b>	City <b>Weatogue</b>	State <b>CT</b>	Zip Code <b>06089</b>	Date Received <b>03/22/2010</b>		
Principal Occupation <b>Research Associate</b>	Name of Employer <b>The Nielsen Company</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Gengras</b>	First Name <b>Clayton</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0189</b>	Amount of Contribution          <b>\$3,500.00</b>
Residential Street Address <b>30 Brae Burnie Ln</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>	Date Received <b>03/22/2010</b>		
Principal Occupation <b>Auto Dealer</b>	Name of Employer <b>Gengras Motor Cars</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$3,500.00</b>		



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Gengras</b>	First Name <b>Edith</b>	MI <b>P</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0179</b>	Amount of Contribution          <b>\$3,500.00</b>	
Residential Street Address <b>30 Brae Burnie Ln</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>	Date Received <b>03/22/2010</b>			
Principal Occupation <b>fundraising consultant</b>	Name of Employer <b>retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$3,500.00</b>
Last Name <b>Rarus</b>	First Name <b>Lisa</b>	MI <b>K</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0180</b>	Amount of Contribution          <b>\$1,000.00</b>	
Residential Street Address <b>64 Prospect Ave # 12</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06105</b>	Date Received <b>03/22/2010</b>			
Principal Occupation <b>Benefits Consultant</b>	Name of Employer <b>Lindberg/Ripple</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$1,000.00</b>
Last Name <b>Higginbotham</b>	First Name <b>Richard</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0181</b>	Amount of Contribution          <b>\$1,000.00</b>	
Residential Street Address <b>315 S Lake Dr # 1B</b>	City <b>Palm Beach</b>	State <b>FL</b>	Zip Code <b>33480</b>	Date Received <b>03/22/2010</b>			
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$1,000.00</b>
Last Name <b>Harvell</b>	First Name <b>Charles</b>	MI <b>D</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0182</b>	Amount of Contribution          <b>\$750.00</b>	
Residential Street Address <b>7 Saint Micheals Ct</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>03/22/2010</b>			
Principal Occupation <b>retired</b>	Name of Employer <b>Retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$750.00</b>



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Reilly	First Name Michael	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0187	Amount of Contribution
Residential Street Address 77 Orchard Rd	City West Hartford	State CT	Zip Code 06117	Date Received 03/22/2010		
Principal Occupation Attorney	Name of Employer Bingham McCutchem LLP		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Murphy	First Name John	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0188	Amount of Contribution
Residential Street Address 371 N Main St	City Suffield	State CT	Zip Code 06078	Date Received 03/22/2010		
Principal Occupation Attorney	Name of Employer John J. Murphy Attorney at Law LLC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Parent	First Name William	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0190	Amount of Contribution
Residential Street Address 7 Mockingbird Ln	City Walpole	State MA	Zip Code 02081	Date Received 03/23/2010		
Principal Occupation Private Equity Investor	Name of Employer Grail Partners, LLC		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03232010C</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Shea	First Name William	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0191	Amount of Contribution
Residential Street Address 159 Bear Hill Rd	City North Andover	State MA	Zip Code 01845	Date Received 03/23/2010		
Principal Occupation Executive Chairman	Name of Employer Lucid Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03232010C</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Calkins	First Name John	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0197	Amount of Contribution
Residential Street Address 7 Kendalls MI	City Woburn	State MA	Zip Code 01801	Date Received 03/23/2010		
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03232010C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00	
Last Name Drinan	First Name Helen	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0199	Amount of Contribution
Residential Street Address 568 E Fifth St	City So Boston	State MA	Zip Code 02127	Date Received 03/23/2010		
Principal Occupation President	Name of Employer Simmons College	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03232010C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00	
Last Name Bryson	First Name David	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0198	Amount of Contribution
Residential Street Address 119 High St	City Charlestown	State MA	Zip Code 02129	Date Received 03/23/2010		
Principal Occupation General Counsel	Name of Employer Endurance International	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03232010C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00	
Last Name Miller	First Name Beth	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0281	Amount of Contribution
Residential Street Address 5 Ivy Rd	City Wellesley	State MA	Zip Code 02482	Date Received 03/23/2010		
Principal Occupation President	Name of Employer Good Deeds LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03232010C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Rand</b>	First Name <b>Alexander</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0320</b>	Amount of Contribution          <b>\$500.00</b>
Residential Street Address <b>54 Bedford Rd</b>	City <b>Lincoln</b>	State <b>MA</b>	Zip Code <b>01773</b>	Date Received <b>03/23/2010</b>		
Principal Occupation <b>portforlio mngr</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>		
Last Name <b>Hires</b>	First Name <b>Jeffrey</b>	MI <b>B</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0321</b>	Amount of Contribution          <b>\$200.00</b>
Residential Street Address <b>PO Box 270756</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06127-0756</b>	Date Received <b>03/24/2010</b>		
Principal Occupation <b>Manager</b>	Name of Employer <b>Techatlantic 1 LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00</b>		
Last Name <b>Decelles</b>	First Name <b>Paul</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0207</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>745 William Street Ext</b>	City <b>Portland</b>	State <b>CT</b>	Zip Code <b>06480</b>	Date Received <b>03/24/2010</b>		
Principal Occupation <b>consultant</b>	Name of Employer <b>Yard Zone, Inc.</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03252010D</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Penta</b>	First Name <b>Joanna</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0208</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>67 Edgemont</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06110</b>	Date Received <b>03/24/2010</b>		
Principal Occupation <b>strategic account executive</b>	Name of Employer <b>CVS Caremark</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Yarde	First Name Craig	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0196	Amount of Contribution
Residential Street Address 8047 Cape San Blas Rd	City Port Saint Joe	State FL	Zip Code 32456	Date Received 03/24/2010		
Principal Occupation Director	Name of Employer Yard Metals	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
\$3,500.00						
Last Name Smith	First Name Brian	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0200	Amount of Contribution
Residential Street Address 74 Ferncliff Dr	City West Hartford	State CT	Zip Code 06117	Date Received 03/24/2010		
Principal Occupation Insurance Agent	Name of Employer Smith Brothers Insurance	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Compton	First Name Ronald	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0202	Amount of Contribution
Residential Street Address 59 Northgate	City Simsbury	State CT	Zip Code 06070	Date Received 03/24/2010		
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,000.00		
\$3,000.00						
Last Name Rizy	First Name Florence	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0204	Amount of Contribution
Residential Street Address 1 Bonnie Briar	City Cromwell	State CT	Zip Code 06416	Date Received 03/24/2010		
Principal Occupation consultant	Name of Employer self/Yard Zone Inc.	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03252010D</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Brighenti</b>	First Name <b>Jeffrey</b>	MI <b>P</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0205</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>60 Quail Ridge Dr</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>03/24/2010</b>		
Principal Occupation <b>President</b>	Name of Employer <b>Avon Plumbing &amp; Heating Co Inc</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Barnes</b>	First Name <b>Carlyle</b>	MI <b>F</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0201</b>	Amount of Contribution          <b>\$1,000.00</b>
Residential Street Address <b>400 Peacedale St</b>	City <b>Bristol</b>	State <b>CT</b>	Zip Code <b>06010</b>	Date Received <b>03/24/2010</b>		
Principal Occupation <b>executive</b>	Name of Employer <b>retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>		
Last Name <b>Libassi</b>	First Name <b>Peter</b>	MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0203</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>20 Loeffler Rd</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>	Date Received <b>03/24/2010</b>		
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>May</b>	First Name <b>Deborah</b>	MI <b>W</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0295</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>802 Prospect St</b>	City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>Homemaker</b>	Name of Employer <b>NA</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>03252010D</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>May III</b>	First Name <b>Edwin</b>	MI <b>H</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0236</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>802 Prospect St</b>	City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>president/partner</b>	Name of Employer <b>May Bonee &amp; Walsh</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03252010D</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Elvgren</b>	First Name <b>Anne</b>	MI <b>L</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0217</b>	Amount of Contribution          <b>\$1,000.00</b>
Residential Street Address <b>26 Timberline Dr</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>Marketing</b>	Name of Employer <b>Robinson &amp; Cole</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03252010D</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>		
Last Name <b>Silvers</b>	First Name <b>Brett</b>	MI <b>N</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0211</b>	Amount of Contribution          <b>\$2,000.00</b>
Residential Street Address <b>61 Ledyard Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>Commercial Finance</b>	Name of Employer <b>World Business Capital, Inc</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03252010D</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$2,000.00</b>		
Last Name <b>Schuler</b>	First Name <b>Kate</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0243</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>83 Woodpond Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Bingham McCutchen LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03252010D</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Wenzel</b>	First Name <b>Heather</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0222</b>	Amount of Contribution          <b>\$150.00</b>
Residential Street Address <b>3 Deer Path</b>	City <b>Rocky Hill</b>	State <b>CT</b>	Zip Code <b>06067</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Bingham McCutchen</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>03252010D</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$150.00</b>		
Last Name <b>Finigan</b>	First Name <b>Paul</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0238</b>	Amount of Contribution          <b>\$500.00</b>
Residential Street Address <b>11 Anja Dr</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>03252010D</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>		
Last Name <b>Monyak</b>	First Name <b>Robert</b>	MI <b>D</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0277</b>	Amount of Contribution          <b>\$300.00</b>
Residential Street Address <b>31 Sunset Ter</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>EVP and Chief Lending Officer</b>	Name of Employer <b>World Business Capital, Inc</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>03252010D</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$300.00</b>		
Last Name <b>Keney</b>	First Name <b>Patricia</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0237</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>31 Stone Dr</b>	City <b>Windsor Locks</b>	State <b>CT</b>	Zip Code <b>06096</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>03252010D</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Beckerman</b>	First Name <b>George</b>	MI <b>R</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0282</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>25 Woodland Dr</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>Principal</b>	Name of Employer <b>Shepard Steel Co. Inc</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>03252010D</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Krowicki</b>	First Name <b>Ben</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0278</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>184 N Quaker Ln</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Bingham McCutchen LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Strohmenger</b>	First Name <b>Thomas</b>	MI <b>C</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0280</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>20 Norwood Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Bingham McCutchen LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Lundgren</b>	First Name <b>John</b>	MI <b>F</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0262</b>	Amount of Contribution          <b>\$3,500.00</b>
Residential Street Address <b>39 High St</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>CEO</b>	Name of Employer <b>Stanley Black &amp; Decker, Inc.</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$3,500.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Banks-Cohn</b>	First Name <b>Sherry</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0290</b>	Amount of Contribution          <b>\$200.00</b>
Residential Street Address <b>38 Cary Ln</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>NA</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00</b>		
Last Name <b>Tisch</b>	First Name <b>Thomas</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0305</b>	Amount of Contribution          <b>\$2,500.00</b>
Residential Street Address <b>740 Park Ave</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10021</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>manager</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$2,500.00</b>		
Last Name <b>Herlihy</b>	First Name <b>Thomas</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0210</b>	Amount of Contribution          <b>\$1,000.00</b>
Residential Street Address <b>43 Woodchuck HI</b>	City <b>West Simsbury</b>	State <b>CT</b>	Zip Code <b>06092</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>Business Owner</b>	Name of Employer <b>T.J. Herlihy Insurance</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02282010A</b>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>		
Last Name <b>Paternoster</b>	First Name <b>Laurie</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0212</b>	Amount of Contribution          <b>\$1,000.00</b>
Residential Street Address <b>48 Chatham HI</b>	City <b>South Glastonbury</b>	State <b>CT</b>	Zip Code <b>06073</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>investor</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03252010D</b>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Stratton</b>	First Name <b>Seth</b>	MI <b>N</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0213</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>25 Concord Rd</b>	City <b>Longmeadow</b>	State <b>MA</b>	Zip Code <b>01106</b>	Date Received <b>03/25/2010</b>	
Principal Occupation <b>lawyer</b>	Name of Employer <b>Bingham McCutchen, LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03252010D</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>	
Last Name <b>Reavey</b>	First Name <b>Jim</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0214</b>	Amount of Contribution          <b>\$500.00</b>
Residential Street Address <b>64 Daventry Hill Rd</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>03/25/2010</b>	
Principal Occupation <b>Mgmt</b>	Name of Employer <b>FM Facility Maintenance</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03252010D</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>	
Last Name <b>Merkel</b>	First Name <b>Stephen</b>	MI <b>T</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0215</b>	Amount of Contribution          <b>\$1,000.00</b>
Residential Street Address <b>105 Timberwood Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	Date Received <b>03/25/2010</b>	
Principal Occupation <b>director advisor</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03252010D</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>	
Last Name <b>Grondin</b>	First Name <b>Laura</b>	MI <b>T</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0216</b>	Amount of Contribution          <b>\$1,000.00</b>
Residential Street Address <b>20 Wallbridge Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119</b>	Date Received <b>03/25/2010</b>	
Principal Occupation <b>President &amp; CEO</b>	Name of Employer <b>Virginia Industries</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03252010D</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name Ostrosky		First Name Tom		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0218		Amount of Contribution	
Residential Street Address 12 Ship Ave # 8			City Medford		State MA	Zip Code 02155		Date Received 03/25/2010				
Principal Occupation Principal			Name of Employer Beacon Financial Partners			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list Event # <u>03252010D</u>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00		\$500.00		

Last Name Wheeler		First Name Jonathan		MI P	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0220	Amount of Contribution
Residential Street Address 37 Fulton Pl		City West Hartford		State CT	Zip Code 06107		Date Received 03/25/2010	
Principal Occupation consultant		Name of Employer The Clarion Group			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03252010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		\$250.00

Last Name King		First Name Roy		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0221	Amount of Contribution
Residential Street Address 487 Fairfield Beachroad		City Fairfield		State CT	Zip Code 06824		Date Received 03/25/2010	
Principal Occupation COO		Name of Employer BroadStar Wind Systems			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03252010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	\$250.00

Last Name Ribaudó		First Name Dale		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0223	Amount of Contribution
Residential Street Address 26 Country Club Ln		City East Granby		State CT	Zip Code 06026		Date Received 03/25/2010	
Principal Occupation CFO		Name of Employer FM Facility Maintenance			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03252010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	\$250.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name Aldina		First Name Suellen		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0219	Amount of Contribution
Residential Street Address 53 Loomis Dr # A1		City West Hartford		State CT	Zip Code 06107		Date Received 03/25/2010	
Principal Occupation SVP-service providers		Name of Employer FM Facility Maintenance			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03252010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	\$250.00

Last Name Filomeno		First Name Joseph		MI D	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0224	Amount of Contribution
Residential Street Address 134 Bookmoor Rd		City West Hartford		State CT	Zip Code 06107		Date Received 03/25/2010	
Principal Occupation CPA		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03252010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00	\$500.00

Last Name Litchfield		First Name Steven		MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0225		Amount of Contribution	
Residential Street Address 26 Smallwood Rd			City West Hartford			State CT	Zip Code 06107		Date Received 03/25/2010			
Principal Occupation Banking			Name of Employer Sovereign Bank				Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03252010D</u> <input type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00		\$250.00		

Last Name Fitzpatrick		First Name Paul		MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0226	Amount of Contribution
Residential Street Address 22 Main St # A-6			City Tariffville		State CT	Zip Code 06081		Date Received 03/25/2010
Principal Occupation Teacher		Name of Employer Northwest Catholic High School			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03252010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	
							\$250.00	





**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Merz</b>	First Name <b>Carl</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0232</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>64 Balfour Dr</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>President</b>	Name of Employer <b>Hartford Aviation Group Inc</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03252010D</b></u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Thomas</b>	First Name <b>Douglas</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0233</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>22 Sunset Ter</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03252010D</b></u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Schooley</b>	First Name <b>Scott</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0234</b>	Amount of Contribution          <b>\$2,000.00</b>
Residential Street Address <b>6 Woodside Cir</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>Business/Investments</b>	Name of Employer <b>Woodside Capital</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03252010D</b></u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$2,000.00</b>		
Last Name <b>Appicelli</b>	First Name <b>Frank</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0235</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>10 Sunset Ter</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>03/25/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Bingham McCutchen LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03252010D</b></u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Holden	First Name Robert	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0279	Amount of Contribution
Residential Street Address 130 Main St	City Farmington	State CT	Zip Code 06032	Date Received 03/25/2010		
Principal Occupation President	Name of Employer Keeney Mfg Co.		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03252010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Polk	First Name David	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0297	Amount of Contribution
Residential Street Address 100 Westmont	City West Hartford	State CT	Zip Code 06117	Date Received 03/25/2010		
Principal Occupation President	Name of Employer First Tee of CT		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03252010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Jacobson	First Name Barry	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0276	Amount of Contribution
Residential Street Address 845 Un Plz # 83B	City New York	State NY	Zip Code 10017	Date Received 03/26/2010		
Principal Occupation Real Estate Owner	Name of Employer Joseph Day Realty Group		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03112010B</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Hone	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0257	Amount of Contribution
Residential Street Address D5 Glazebrook	City Killington	State VT	Zip Code 05751	Date Received 03/26/2010		
Principal Occupation executive	Name of Employer American Aerogel Corp		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03112010B</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name Whittemore		First Name Edward		MI B	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0258		Amount of Contribution	
Residential Street Address 75 Bloomfield Ave			City Hartford		State CT	Zip Code 06105		Date Received 03/26/2010				
Principal Occupation Partner/Attorney			Name of Employer Murtha Cullina LLP			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		\$250.00

Last Name Marks		First Name David		MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0259	Amount of Contribution
Residential Street Address 11 Richmond Rd			City West Hartford		State CT	Zip Code 06117	Date Received 03/26/2010	
Principal Occupation Investments			Name of Employer CUNA Mutual Group			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:					Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
								\$1,000.00

Last Name Lamantia-Krapek		First Name Kathleen		MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0260	Amount of Contribution
Residential Street Address 11 Pembroke Dr			City Avon		State CT	Zip Code 06001	Date Received 03/26/2010	
Principal Occupation retired			Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

Last Name Lavielle		First Name Gail		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0322	Amount of Contribution       \$50.00
Residential Street Address 109 Hickory HI		City Wilton		State CT	Zip Code 06897		Date Received 03/26/2010	
Principal Occupation Educator		Name of Employer UConn			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Laramie</b>	First Name <b>William</b>	MI <b>T</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0261</b>	Amount of Contribution          <b>\$250.00</b>	
Residential Street Address <b>33 Lake St</b>	City <b>South Windsor</b>	State <b>CT</b>	Zip Code <b>06074</b>	Date Received <b>03/27/2010</b>			
Principal Occupation <b>controller</b>	Name of Employer <b>Timken Aerospace Transmissions</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$250.00</b>
Last Name <b>Roth</b>	First Name <b>William</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0323</b>	Amount of Contribution          <b>\$250.00</b>	
Residential Street Address <b>91 Northington Dr</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>03/27/2010</b>			
Principal Occupation <b>consultant &amp; investor</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$250.00</b>
Last Name <b>Reynolds</b>	First Name <b>Gary</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0324</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>3B Talcott Glen Rd</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032</b>	Date Received <b>03/28/2010</b>			
Principal Occupation <b>Golf Pro</b>	Name of Employer <b>Hartford Golf Club</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Natale</b>	First Name <b>Anthony</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0291</b>	Amount of Contribution          <b>\$250.00</b>	
Residential Street Address <b>224 Country Ln</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06073</b>	Date Received <b>03/28/2010</b>			
Principal Occupation <b>Attorney</b>	Name of Employer <b>Natale &amp; Wolinetz</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$250.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Shipman	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0292	Amount of Contribution
Residential Street Address 6 Talcott Mountain Rd	City Simsbury	State CT	Zip Code 06070	Date Received 03/28/2010		
Principal Occupation Insurance Sales	Name of Employer HUB Int.		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Newman	First Name Brian	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0244	Amount of Contribution
Residential Street Address 1 Fairway	City West Hartford	State CT	Zip Code 06117	Date Received 03/28/2010		
Principal Occupation CPA	Name of Employer Kostin Ruffkess & Co, LLC		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>03282010E</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Glassman	First Name Richard	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0245	Amount of Contribution
Residential Street Address 16 Mountain Farms	City West Hartford	State CT	Zip Code 06117	Date Received 03/28/2010		
Principal Occupation Lawyer	Name of Employer Schatz Law Office		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>03282010E</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Braunstein	First Name Meryl	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0246	Amount of Contribution
Residential Street Address 136 Woodford Hills Dr .	City Avon	State CT	Zip Code 06001	Date Received 03/28/2010		
Principal Occupation Homemaker	Name of Employer NA		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>03282010E</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Braunstein</b>	First Name <b>Scott</b>	MI <b>H</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0247</b>	Amount of Contribution     <b>\$2,000.00</b>
Residential Street Address <b>136 Woodford Hills Dr .</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>03/28/2010</b>	
Principal Occupation <b>Executive</b>	Name of Employer <b>Data Mail Inc</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>03282010E</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$2,000.00</b>	
Last Name <b>Hutensky</b>	First Name <b>Jill</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0248</b>	Amount of Contribution     <b>\$250.00</b>
Residential Street Address <b>30 Hollister Dr</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	Date Received <b>03/28/2010</b>	
Principal Occupation <b>Homemaker</b>	Name of Employer <b>NA</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>03282010E</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>	
Last Name <b>Newman</b>	First Name <b>Jason</b>	MI <b>D</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0249</b>	Amount of Contribution     <b>\$250.00</b>
Residential Street Address <b>27 Crestwood Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>03/28/2010</b>	
Principal Occupation <b>CPA</b>	Name of Employer <b>Kostin Ruffkess &amp; Co.</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>03282010E</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>	
Last Name <b>Braunstein</b>	First Name <b>Robert</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0251</b>	Amount of Contribution     <b>\$250.00</b>
Residential Street Address <b>1 Morgan Pl</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>03/28/2010</b>	
Principal Occupation <b>Retired</b>	Name of Employer <b>NA</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>03282010E</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Handel</b>	First Name <b>Morton</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0254</b>	Amount of Contribution     <b>\$1,000.00</b>
Residential Street Address <b>3475 Windsor Pl</b>	City <b>Boca Raton</b>	State <b>FL</b>	Zip Code <b>33496</b>	Date Received <b>03/28/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>NA</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>03282010E</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>		
Last Name <b>Turrisi</b>	First Name <b>Andrea</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0255</b>	Amount of Contribution     <b>\$250.00</b>
Residential Street Address <b>33 Hartford Rd</b>	City <b>Newington</b>	State <b>CT</b>	Zip Code <b>06111</b>	Date Received <b>03/28/2010</b>		
Principal Occupation <b>Owner</b>	Name of Employer <b>Headline Hair Salon</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>03282010E</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Greenfield</b>	First Name <b>Lawrence</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0256</b>	Amount of Contribution     <b>\$500.00</b>
Residential Street Address <b>17 Visgrove Ln</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	Date Received <b>03/28/2010</b>		
Principal Occupation <b>Executive</b>	Name of Employer <b>Conn Pkg Materials, Inc</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>03282010E</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>		
Last Name <b>Zachs</b>	First Name <b>Eric</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0263</b>	Amount of Contribution     <b>\$1,000.00</b>
Residential Street Address <b>53 Norwood Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	Date Received <b>03/28/2010</b>		
Principal Occupation <b>investments</b>	Name of Employer <b>self-employed</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>03282010E</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Chase	First Name Cheryl	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0250	Amount of Contribution
Residential Street Address 84 High Ridge Rd	City West Hartford	State CT	Zip Code 06117	Date Received 03/28/2010		
Principal Occupation Attorney	Name of Employer Chase Enterprises	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03282010E</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00	
Last Name Roth	First Name David	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0252	Amount of Contribution
Residential Street Address 50 Whetten Rd	City West Hartford	State CT	Zip Code 06117	Date Received 03/28/2010		
Principal Occupation Managing Director	Name of Employer WLD Enterprises, Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03282010E</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00	
Last Name Roth	First Name Linda	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0253	Amount of Contribution
Residential Street Address 50 Whetten Rd	City West Hartford	State CT	Zip Code 06117	Date Received 03/28/2010		
Principal Occupation Curator	Name of Employer Wadsworth Atheneum Museum	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03282010E</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00	
Last Name Hensley	First Name Robert	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0268	Amount of Contribution
Residential Street Address 21 Cedar Hill Rd	City West Simsbury	State CT	Zip Code 06092	Date Received 03/29/2010		
Principal Occupation Managing Member	Name of Employer Robert Hensley & Associates, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	





**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Hark</b>	First Name <b>Margaret</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0267</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>7 Winterset Ln</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>03/29/2010</b>		
Principal Occupation <b>Homemaker</b>	Name of Employer <b>NA</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>02282010A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Rottner</b>	First Name <b>Susan</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0269</b>	Amount of Contribution          <b>\$500.00</b>
Residential Street Address <b>4 Hillsboro Dr</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>03/29/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>NA</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>		
Last Name <b>Gelfenbien</b>	First Name <b>Roger</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0271</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>22100 Red Laurel Ln</b>	City <b>Estero</b>	State <b>FL</b>	Zip Code <b>33928</b>	Date Received <b>03/29/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>NA</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Gordon</b>	First Name <b>Cynthia</b>	MI <b>H</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0272</b>	Amount of Contribution          <b>\$3,500.00</b>
Residential Street Address <b>82 Stoner Dr .</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>03/29/2010</b>		
Principal Occupation <b>Education</b>	Name of Employer <b>Granby Public Schools</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>03252010D</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$3,500.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Gordon	First Name David	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0273	Amount of Contribution
Residential Street Address 82 Stoner Dr	City West Hartford	State CT	Zip Code 06107	Date Received 03/29/2010		
Principal Occupation Managing Partner	Name of Employer The Riverside Co.		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03252010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
\$3,500.00						
Last Name Cantafio	First Name Armand	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0274	Amount of Contribution
Residential Street Address 455 Bic Dr .	City Milford	State CT	Zip Code 06461	Date Received 03/29/2010		
Principal Occupation President	Name of Employer Northeast Electronics Corp.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Klene	First Name Roger	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0325	Amount of Contribution
Residential Street Address 37 Mountain Rd	City Farmington	State CT	Zip Code 06032	Date Received 03/29/2010		
Principal Occupation President & CEO	Name of Employer Mott Corporation		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
\$3,500.00						
Last Name Estes III	First Name George	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0326	Amount of Contribution
Residential Street Address 47 Sunset Farm Rd	City West Hartford	State CT	Zip Code 06107	Date Received 03/29/2010		
Principal Occupation Insurance Executive	Name of Employer Sparta Insurance Co		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
\$3,500.00						

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name Corroon		First Name John		MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0296	Amount of Contribution
Residential Street Address 32 Whetten Rd		City West Hartford		State CT	Zip Code 06117		Date Received 03/29/2010	
Principal Occupation Managing Director		Name of Employer Conning & Company			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	

Last Name Lyon		First Name James		MI B	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0299	Amount of Contribution
Residential Street Address 21 Bishop Rd			City West Hartford		State CT	Zip Code 06119		Date Received 03/30/2010
Principal Occupation Attorney			Name of Employer Murtha Cullina LLP			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	

Last Name Heyman		First Name Daniel		MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0303	Amount of Contribution       \$250.00
Residential Street Address 40 Kenneth Rd		City Hartsdale		State NY	Zip Code 10530	Date Received 03/30/2010		
Principal Occupation attorney		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03112010B</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	

Last Name Dowling		First Name Anne		MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0304	Amount of Contribution       \$200.00
Residential Street Address 37 Sunset Farm Rd		City West Hartford		State CT	Zip Code 06107	Date Received 03/30/2010		
Principal Occupation homemaker		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Murray</b>	First Name <b>Robert</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0328</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>19 Fernway</b>	City <b>Lynnfield</b>	State <b>MA</b>	Zip Code <b>01940</b>	Date Received <b>03/30/2010</b>		
Principal Occupation <b>Banker</b>	Name of Employer <b>Eastern Bank</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>03232010C</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Nord</b>	First Name <b>David</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0329</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>16 Oak Blf</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>03/30/2010</b>		
Principal Occupation <b>CFO</b>	Name of Employer <b>Hubbell</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Freedman</b>	First Name <b>Joel</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0330</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>213 Tryon St</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06073</b>	Date Received <b>03/30/2010</b>		
Principal Occupation <b>Consultant</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Dietz</b>	First Name <b>Stephen</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0331</b>	Amount of Contribution          <b>\$500.00</b>
Residential Street Address <b>96 State St</b>	City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11201</b>	Date Received <b>03/30/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>03232010C</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>		





**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name Porter		First Name Kenneth		MI L	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0337		Amount of Contribution	
Residential Street Address 88 Whippoorwill Hollow Rd			City Franklin		State CT	Zip Code 06254		Date Received 03/30/2010				
Principal Occupation Executive			Name of Employer Hampton Products Int.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		\$200.00

Last Name Boudreau		First Name Kenneth		MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0283	Amount of Contribution       \$500.00
Residential Street Address 4 Porter Rd		City Farmington		State CT	Zip Code 06032	Date Received 03/30/2010		
Principal Occupation Retired		Name of Employer NA			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		

Last Name Falk		First Name Scott		MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0284	Amount of Contribution
Residential Street Address 119 Brookmoor Rd			City West Hartford		State CT	Zip Code 06107	Date Received 03/30/2010	
Principal Occupation Attorney			Name of Employer Bingham			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

Last Name Hayes		First Name Gerald		MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0288	Amount of Contribution       \$250.00
Residential Street Address 109 Jamestown Dr		City Springfield		State MA	Zip Code 01108		Date Received 03/30/2010	
Principal Occupation VP		Name of Employer Westfield State College			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name Kelley		First Name Thomas		MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0289	Amount of Contribution
Residential Street Address 114 Steele Rd			City West Hartford		State CT	Zip Code 06119		Date Received 03/30/2010
Principal Occupation Investment Manager			Name of Employer Cornerstone Real Estate Advisors			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	

Last Name Clemow		First Name Susan		MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0294	Amount of Contribution
Residential Street Address 154 Steele Rd			City West Hartford		State CT	Zip Code 06119	Date Received 03/30/2010	
Principal Occupation Consultant			Name of Employer Clemow Consulting Group			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Lewis		First Name Paul		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0333	Amount of Contribution
Residential Street Address 21 Staples Pl		City West Hartford		State CT	Zip Code 06107		Date Received 03/30/2010	
Principal Occupation Owner		Name of Employer Dittman & Greer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$150.00	\$150.00

Last Name Trotter		First Name Teri		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0300	Amount of Contribution
Residential Street Address 13 Farnham Way		City Farmington		State CT	Zip Code 06032	Date Received 03/30/2010		
Principal Occupation housewife		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		\$1,000.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Trotter</b>	First Name <b>Lloyd</b>	MI <b>G</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0301</b>	Amount of Contribution          <b>\$1,000.00</b>	
Residential Street Address <b>13 Farnham Way</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032</b>		Date Received <b>03/30/2010</b>
Principal Occupation <b>managing partner/founder</b>		Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>			
Last Name <b>Filomeno</b>	First Name <b>Thomas</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0327</b>	Amount of Contribution          <b>\$1,000.00</b>	
Residential Street Address <b>31 Bonny View Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107</b>		Date Received <b>03/31/2010</b>
Principal Occupation <b>CPA</b>		Name of Employer <b>Filomeno &amp; Co PC</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>			
Last Name <b>McKenna</b>	First Name <b>Paul</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0351</b>	Amount of Contribution          <b>\$250.00</b>	
Residential Street Address <b>16 Pine Glen Rd</b>		City <b>Simsbury</b>		State <b>CT</b>	Zip Code <b>06070</b>		Date Received <b>03/31/2010</b>
Principal Occupation <b>Orthodontist</b>		Name of Employer <b>McKenna Orthodontics, PC</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>			
Last Name <b>Enders</b>	First Name <b>Tracy</b>	MI <b>B</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0352</b>	Amount of Contribution          <b>\$40.00</b>	
Residential Street Address <b>160 Wall St</b>		City <b>Coventry</b>		State <b>CT</b>	Zip Code <b>06238</b>		Date Received <b>03/31/2010</b>
Principal Occupation <b>Area Representative</b>		Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$40.00</b>			



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Hoffman</b>	First Name <b>Jeffrey</b>	MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0309</b>	Amount of Contribution     <b>\$1,000.00</b>
Residential Street Address <b>149 Riverknolls</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>03/31/2010</b>		
Principal Occupation <b>co-chairman</b>	Name of Employer <b>self/Hoffman Auto Group</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>		
Last Name <b>Larson</b>	First Name <b>Fred</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0306</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>2416 New London Tpke</b>	City <b>South Glastonbury</b>	State <b>CT</b>	Zip Code <b>06073</b>	Date Received <b>03/31/2010</b>		
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Maagero</b>	First Name <b>Deborah</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0307</b>	Amount of Contribution     <b>\$250.00</b>
Residential Street Address <b>11 Pleasantview Dr</b>	City <b>Suffield</b>	State <b>CT</b>	Zip Code <b>06078</b>	Date Received <b>03/31/2010</b>		
Principal Occupation <b>homemaker</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Holcombe</b>	First Name <b>Shepherd</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0308</b>	Amount of Contribution     <b>\$250.00</b>
Residential Street Address <b>42 Pilgrim Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	Date Received <b>03/31/2010</b>		
Principal Occupation <b>consulting actuary-pensions</b>	Name of Employer <b>retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name Hughes		First Name Marilyn		MI F	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0310	Amount of Contribution
Residential Street Address 28 Rockwood Heights Rd		City Manchester by the Sea		State MA	Zip Code 01944		Date Received 03/31/2010	
Principal Occupation customer service		Name of Employer TD Bank			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

[illegible]

Last Name Barrieau Jr.		First Name Gerard		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0314	Amount of Contribution       \$500.00
Residential Street Address 47 Soby Dr		City West Hartford		State CT	Zip Code 06107	Date Received 03/31/2010		
Principal Occupation Senior partner		Name of Employer Pakmail			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		

Last Name Larkin-Thorne		First Name Sonja		MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0315	Amount of Contribution       \$500.00
Residential Street Address 4 Avondale Dr		City Avon		State CT	Zip Code 06001		Date Received 03/31/2010	
Principal Occupation retired		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name Tomasso	First Name Angelo	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0339	Amount of Contribution
Residential Street Address 132 Roslyn Dr	City New Britain	State CT	Zip Code 06052	Date Received 03/31/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	
Last Name Sprung	First Name Barry	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0340	Amount of Contribution
Residential Street Address 12 N Star Rd	City Closter	State NY	Zip Code 07624	Date Received 03/31/2010	
Principal Occupation CPA	Name of Employer Cohen & Sprung LLC	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03112010B</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00	
Last Name Cohen	First Name Richard	MI G	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0341	Amount of Contribution
Residential Street Address 1276 Diane Dr	City Seaford	State NY	Zip Code 11783	Date Received 03/31/2010	
Principal Occupation Accountant	Name of Employer Cohen & Sprung LLC	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03112010B</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00	
Last Name Tomasso	First Name Michael	MI W	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0342	Amount of Contribution
Residential Street Address PO Box 3040	City New Britain	State CT	Zip Code 06050	Date Received 03/31/2010	
Principal Occupation CEO	Name of Employer Tomasso Group	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name <b>Quiros</b>		First Name <b>R. Dario</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0343</b>	Amount of Contribution
Residential Street Address <b>111 Bloomfield Ave</b>		City <b>Hartford</b>		State <b>CT</b>	Zip Code <b>06105</b>		Date Received <b>03/31/2010</b>	
Principal Occupation <b>Businessman</b>		Name of Employer <b>Hartford Financial Management</b>			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions  <b>\$1,000.00</b>	<b>\$1,000.00</b>

Last Name Byrd		First Name Christopher		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0345	Amount of Contribution
Residential Street Address 27 Pilgrim Rd			City West Hartford		State CT	Zip Code 06117	Date Received 03/31/2010	
Principal Occupation EVP			Name of Employer Evolution Benefits, Inc			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

Last Name Leever		First Name Daniel		MI H	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0346	Amount of Contribution       \$2,500.00
Residential Street Address 1397 Vail Valley Dr .		City Vail		State CO	Zip Code 81657	Date Received 03/31/2010		
Principal Occupation CEO		Name of Employer MacDermid Inc.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00		

Last Name Steele	First Name Rick	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0347	Amount of Contribution          
Residential Street Address 65 Dock Rd	City Chester	State CT	Zip Code 06412	Date Received 03/31/2010		
Principal Occupation CEO	Name of Employer NuRide	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Aggregate Contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$150.00	
					\$150.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name Sams		First Name David		MI E	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0348	Amount of Contribution
Residential Street Address 549 White Pelican Cir			City Vero Beach		State FL	Zip Code 32963		Date Received 03/31/2010
Principal Occupation Retired			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,000.00	
<div>\$1,000.00</div>								

Last Name Sams		First Name Betsy		MI B	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0349	Amount of Contribution
Residential Street Address 549 White Pelican Cir			City Vero Beach		State FL	Zip Code 32963	Date Received 03/31/2010	
Principal Occupation Retired			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

Last Name English		First Name Lawrence		MI		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0350		Amount of Contribution	
Residential Street Address 29B 675 Longboat Club Rd			City Longboat Key			State FL		Zip Code 34228		Date Received 03/31/2010	
Principal Occupation Executive			Name of Employer CIFG			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00		

Last Name Marsted		First Name Jeffrey		MI G	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0302	Amount of Contribution       \$100.00
Residential Street Address 125 Indian Hill Rd		City Canton		State CT	Zip Code 06019		Date Received 03/31/2010	
Principal Occupation Investments		Name of Employer Bradley, Foster & Sargent			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

<b>Total of Section B</b>	<b>\$272,276.00</b>
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<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>	(Sections A & B)	(Total on Line 14 of Summary Page)	<b>\$272,276.00</b>
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**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE					FILING DUE DATE	
Oz For Governor, Inc.					Original 04/12/2010	
<b>C1. Contributions from Other Committees</b>						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Yes    If yes, list Event # No	Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
<b>Total of Section C1</b>						

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Oz For Governor, Inc.				Original 04/12/2010
<b>C2. Reimbursements or Payments from other Committees</b>				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
<b>Total of Section C2</b>				

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

**D. Loans Received this Period**

Name of Lender R Nelson Griebel				Source of Loan:	Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address 7 Caryn Ln	City Weatogue	State CT	Zip Code 06089	<input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received 01/22/2010	\$50.00	
Name of Lender R Nelson Griebel				Source of Loan:	Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address 7 Caryn Ln	City Weatogue	State CT	Zip Code 06089	<input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received 01/26/2010	\$20,000.00	
Name of Lender R Nelson Griebel				Source of Loan:	Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address 7 Caryn Ln	City Weatogue	State CT	Zip Code 06089	<input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received 03/31/2010	\$10,000.00	
<b>Total of Section D</b>						<b>\$30,050.00</b>

<b>I. MONETARY RECEIPTS (Section A-I)</b>
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NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

<b>E. Personal Funds of the Candidate Received this Period</b>
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Date Received	Amount	<div style="display: flex; justify-content: space-between;"> <div>Method of Payment</div> <div> <div>Cash</div> <div>Personal Check</div> <div>Credit/Debit Card</div> </div> </div>
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<b>Total of Section E</b>	
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**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE					FILING DUE DATE
Oz For Governor, Inc.					Original 04/12/2010
<b>F. Anonymous Contributions</b>					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
<b>Total of Section F</b>					

<b>I. Monetary Receipts (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Oz For Governor, Inc.				Original 04/12/2010
<b>G. Interest from Deposits in Authorized Accounts</b>				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
<b>Total of Section G</b>				



<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE			FILING DUE DATE
Oz For Governor, Inc.			Original 04/12/2010
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
<b>Total of Section H</b>			

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE			FILING DUE DATE	
Oz For Governor, Inc.			Original 04/12/2010	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
<b>Total of Section I</b>				

## II. FUNDRAISING EVENT ACTIVITY

NAME OF	FILING DUE DATE
COMMITTEE Oz For Governor, Inc.	Original 04/12/2010

### J1. Fundraising Event Information

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 02/28/2010	Letter A	Home Fundraiser	Weatogue	CT	06089

Was this fundraising event hosted at a personal residence?

☒

Yes

☐

No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?

☒

Yes

☐

No

Was this fundraiser a tag sale, auction, or other sale of donated items?

☐

Yes

☒

No

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 03/11/2010	Letter B	Cocktail Event	New York	NY	10023

Was this fundraising event hosted at a personal residence?

☐

Yes

☒

No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?

☐

Yes

☒

No

Was this fundraiser a tag sale, auction, or other sale of donated items?

☐

Yes

☒

No

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 03/23/2010	Letter C	Cocktail Event	Boston	MA	02110

Was this fundraising event hosted at a personal residence?

☐

Yes

☒

No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?

☐

Yes

☒

No

Was this fundraiser a tag sale, auction, or other sale of donated items?

☐

Yes

☒

No

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 03/25/2010	Letter D	Cocktail Event	Hartford	CT	06103

Was this fundraising event hosted at a personal residence?

☐

Yes

☒

No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?

☐

Yes

☒

No

Was this fundraiser a tag sale, auction, or other sale of donated items?

☐

Yes

☒

No

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 03/28/2010	Letter E	Home Fundraiser	West Hartford	CT	

Was this fundraising event hosted at a personal residence?

☒

Yes

☐

No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?

☒

Yes

☐

No

Was this fundraiser a tag sale, auction, or other sale of donated items?

☐

Yes

☒

No



## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser      Last Name <i>(Individuals ONLY)</i>	First Name	MI	Method of payment:				Aggregate Amount of Purchases
			Cash	Personal Check	Credit/Debit Card		
Residential Street Address	City	State	Zip Code	Date Received	Event #		
Items Purchased							

**Total of Section J2**



### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

#### K. In-Kind Contributions

Name Payne D Marcia				Date Received 03/31/2010		Fair Market Value of this Contribution
Street Address 3 Red Oak Ct		City Weatogue	State CT	Zip Code 06089		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section II? If yes, list Event#	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of In-Kind Contribution quarterly postage fees		Aggregate contributions \$66.65		
<b>Total of Section K</b>						<b>\$66.65</b>

### III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

#### L. Refundable Deposit to Telephone Company

Last Name ( Individuals Only )	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
<b>Total of Section L</b>				



### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Oz For Governor, Inc.				Original 04/12/2010	
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure A          B          C          D          E			
Total of Section M					

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Oz For Governor, Inc.						Original 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Webster Bank					01/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
65 Lasalle Rd	West Hartford	CT	06127	BNK			
Description					Event #		
fedwire fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$15.00
Name of Payee					Date of Payment	Method of Payment	Amount
Ashley Maagero					01/29/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
11 Pleasant Vw Dri	Suffield	CT	06078	WAGE			
Description					Event #		
payroll							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$5,286.98
Name of Payee					Date of Payment	Method of Payment	Amount
Maelstrom Solutions					02/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK			
Description					Event #		
yourpatriot.com contribution processing fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$28.40

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## N. Expenses Paid By Committee

Name of Payee Udolf Investments, LLC					Date of Payment 02/04/2010	Method of Payment <input checked="" type="checkbox"/> Check # 093	Amount          \$2,100.00
Street Address 2475 Albany Ave Ste 205	City West Hartford	State CT	Zip Code 06117	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Description monthly rent for headquarters					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Wilton Town Committee					Date of Payment 02/06/2010	Method of Payment <input checked="" type="checkbox"/> Check # 092	Amount          \$150.00
Street Address 283 Danbury Rd	City Wilton	State CT	Zip Code 06897	Purpose of Expenditure ATT *	<input type="checkbox"/> Debit Card		
Description Lincoln dinner attendance fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Maelstrom Solutions					Date of Payment 02/08/2010	Method of Payment <input checked="" type="checkbox"/> Check # dm	Amount          \$207.80
Street Address 200 S Executive Dr Ste 101	City Brookfield	State WI	Zip Code 53005	Purpose of Expenditure BNK	<input type="checkbox"/> Debit Card		
Description yourpatriot.com contribution processing fees					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Maelstrom Solutions					02/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>dm</u> <input type="checkbox"/> Debit Card	
200 S Executive Dr Ste 101		Brookfield	WI	53005	BNK		
Description						Event #	
yourpatriot.com contribution processing fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$3.20							

Name of Payee					Date of Payment	Method of Payment	Amount
Maelstrom Solutions					02/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>dm</u> <input type="checkbox"/> Debit Card	
200 S Executive Dr Ste 101		Brookfield	WI	53005	BNK		
Description						Event #	
yourpatriot.com contribution processing fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$461.40							

Name of Payee					Date of Payment	Method of Payment	Amount
Harland Clarke/Webster Bank					02/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>ACH</u> <input type="checkbox"/> Debit Card	
65 Lasalle Rd		West Hartford	CT	06107	BNK		
Description						Event #	
check printing charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$50.67							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## N. Expenses Paid By Committee

Name of Payee Deluxe Business Systems/Webster Bank					Date of Payment 02/10/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$54.30
Street Address 65 Lasalle Rd	City West Hartford	State CT	Zip Code 06127	Purpose of Expenditure BNK	ACH <input type="checkbox"/> Debit Card		
Description deposit forms					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Deluxe Business Systems/Webster Bank					Date of Payment 02/11/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$36.81
Street Address 65 Lasalle Rd	City West Hartford	State CT	Zip Code 06127	Purpose of Expenditure OFFICE	ACH <input type="checkbox"/> Debit Card		
Description for deposit stamp					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Webster Bank					Date of Payment 02/16/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$2,771.05
Street Address 65 Lasalle Rd	City West Hartford	State CT	Zip Code 06127	Purpose of Expenditure WAGE	1004 <input type="checkbox"/> Debit Card		
Description payroll tax deposit					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount						
Bingham McCutchen LLP				02/16/2010	<input checked="checked" type="checkbox"/> Check # <u>1005</u>							
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card							
1 State St	Hartford	CT	06103-3178	RCW								
Description					Event #							
reimbursement of filing fee for incorporation forms filed with State of Connecticut												
Is this expenditure coordinated with another candidate for which reimbursement is sought? <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;">Other Candidate(s) Name</td> <td style="width: 33%;">Office Sought</td> </tr> <tr> <td><input checked="checked" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>							<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought	<input checked="checked" type="checkbox"/> No		
<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought										
<input checked="checked" type="checkbox"/> No												
						\$100.00						

Name of Payee					Date of Payment	Method of Payment	Amount
Zag Interactive					02/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1006</u>		
50 Nye Rd	Glastonbury	CT	06033	WEB	<input type="checkbox"/> Debit Card		
Description						Event #	
domain name registration and renewal							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$50.00

Name of Payee					Date of Payment	Method of Payment	Amount
Complete Payroll Solutions					02/17/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>ACH</u>		
1 Carando Dr	Springfield	MA	01104	BNK	<input type="checkbox"/> Debit Card		
Description						Event #	
payroll processing fee							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="checked" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$2.02

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## N. Expenses Paid By Committee

[illegible]

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## N. Expenses Paid By Committee

Name of Payee						Date of Payment	Method of Payment	Amount
David Dietz						02/18/2010	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure	1009 <input type="checkbox"/> Debit Card		
3 Marlborough St # 2		Boston	MA	02116	REF			
Description							Event #	
refund contributor issue with address on check								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
						Other Candidate(s) Name	Office Sought	\$1,000.00
Name of Payee						Date of Payment	Method of Payment	Amount
MetroHartford Alliance						02/18/2010	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure	1007 <input type="checkbox"/> Debit Card		
31 Pratt St		Hartford	CT	06103	A-OTH			
Description							Event #	
New Hartford Investor Dues, Membership Listing								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
						Other Candidate(s) Name	Office Sought	\$435.00
Name of Payee						Date of Payment	Method of Payment	Amount
Maelstrom Solutions						02/19/2010	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure	dm <input type="checkbox"/> Debit Card		
200 S Executive Dr Ste 101		Brookfield	WI	53005	BNK			
Description							Event #	
yourpatriot.com contribution processing fees								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
						Other Candidate(s) Name	Office Sought	\$13.20



## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## N. Expenses Paid By Committee

Name of Payee Maelstrom Solutions				Date of Payment 02/19/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$187.10
Street Address 200 S Executive Dr Ste 101	City Brookfield	State WI	Zip Code 53005	Purpose of Expenditure BNK	<u>dm</u> <input type="checkbox"/> Debit Card	
Description yourpatriot.com contribution processing fees					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	
Name of Payee Maelstrom Solutions				Date of Payment 02/26/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$3.20
Street Address 200 S Executive Dr Ste 101	City Brookfield	State WI	Zip Code 53005	Purpose of Expenditure BNK	<u>dm</u> <input type="checkbox"/> Debit Card	
Description yourpatriot.com contribution processing fees					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	
Name of Payee Spectrum Marketing				Date of Payment 02/26/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$2,991.00
Street Address 95 Eddy Rd Ste 101	City Manchester	State NH	Zip Code 03102	Purpose of Expenditure WEB	<u>1019</u> <input type="checkbox"/> Debit Card	
Description website and logo design, annual hosting fee, email design set up and hosting fee					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Verizon Wireless					02/26/2010	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1010</u>	
PO Box 15062		Albany	NY	12212-5062	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
telephone expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
\$403.72							
Name of Payee					Date of Payment	Method of Payment	Amount
Network and Software Solutions					02/26/2010	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1012</u>	
48 Perry Ave		White Plains	NY	10603	EFV *	<input type="checkbox"/> Debit Card	
Description						Event #	
Install server, windows 2003 patches, set up users, access, wireless router, secure firewall							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
\$550.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Network and Software Solutions					02/26/2010	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1012</u>	
48 Perry Ave		White Plains	NY	10603	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Hosted exchange - April, mailbox set up							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
\$225.00							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## N. Expenses Paid By Committee

Name of Payee <b>Angi Purinton</b>				Date of Payment <b>02/26/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1013</b>	Amount          <b>\$95.00</b>
Street Address <b>4039 48th St Apt B1</b>	City <b>Sunnyside</b>	State <b>NY</b>	Zip Code <b>11104</b>	Purpose of Expenditure <b>Misc *</b>	<input type="checkbox"/> Debit Card	
Description <b>photo shoot</b>					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	
Name of Payee <b>Ashley Maagero</b>				Date of Payment <b>02/26/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1014</b>	Amount          <b>\$150.00</b>
Street Address <b>11 Pleasant Vw Dri</b>	City <b>Suffield</b>	State <b>CT</b>	Zip Code <b>06078</b>	Purpose of Expenditure <b>RCW</b>	<input type="checkbox"/> Debit Card	
Description <b>reimbursement for your patriot fees payment</b>					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	
Name of Payee <b>Hartford Stamp Works</b>				Date of Payment <b>02/26/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1011</b>	Amount          <b>\$51.94</b>
Street Address <b>PO Box 91</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06141</b>	Purpose of Expenditure <b>OFFICE</b>	<input type="checkbox"/> Debit Card	
Description <b>deposit date stamp for checks received</b>					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## N. Expenses Paid By Committee

Name of Payee Network and Software Solutions					Date of Payment 02/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1012	Amount          \$445.00
Street Address 48 Perry Ave	City White Plains	State NY	Zip Code 10603	Purpose of Expenditure EFV *	<input type="checkbox"/> Debit Card		
Description server, wireless firewall switch, CAT5 cable					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Maelstrom Solutions					Date of Payment 03/01/2010	Method of Payment <input checked="" type="checkbox"/> Check # dm	Amount          \$33.50
Street Address 200 S Executive Dr Ste 101	City Brookfield	State WI	Zip Code 53005	Purpose of Expenditure BNK	<input type="checkbox"/> Debit Card		
Description yourpatriot.com contribution processing fees					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Udolf Investmensts, LLc					Date of Payment 03/02/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1016	Amount          \$2,100.00
Street Address 2475 Albany Ave Ste 205	City West Hartford	State CT	Zip Code 06117	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Description monthly rent for headquarters					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## N. Expenses Paid By Committee

Name of Payee <b>Ashley Maagero</b>				Date of Payment <b>03/02/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          <b>\$2,047.41</b>
Street Address <b>11 Pleasant Vw Dri</b>	City <b>Suffield</b>	State <b>CT</b>	Zip Code <b>06078</b>	Purpose of Expenditure <b>RCW</b>	<input type="checkbox"/> Debit Card	
Description <b>expense reimbursements - laptop, cell phones, lunches for volunteers, gas</b>					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	
Name of Payee <b>TRTC</b>				Date of Payment <b>03/02/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          <b>\$350.00</b>
Street Address <b>14 Valley Rd</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip Code  	Purpose of Expenditure <b>ATT *</b>	<input type="checkbox"/> Debit Card	
Description <b>Lincoln dinner 02/29/10</b>					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	
Name of Payee <b>A&amp;A Office Systems</b>				Date of Payment <b>03/05/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          <b>\$159.00</b>
Street Address <b>909 Middle St</b>	City <b>Middletown</b>	State <b>CT</b>	Zip Code <b>06457</b>	Purpose of Expenditure <b>OVHD</b>	<input type="checkbox"/> Debit Card	
Description <b>monthly copier rental fee</b>					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Sinatro Rention One, LLC				03/05/2010	<input checked="" type="checkbox"/> Check # <u>1024</u>	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
62 Lasalle Raod	West Hartford	CT	06107	OVHD		
Description					Event #	
worker's compensation & liaiblity insurance policy premiums						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$1,849.00

Name of Payee					Date of Payment	Method of Payment	Amount
SIGNSpluss Inc.					03/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1020</u>		
3K Turkey Hills Rd	East Granby	CT	06026	A-SIGN	<input type="checkbox"/> Debit Card		
Description						Event #	
signs							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$159.00

Name of Payee				Date of Payment	Method of Payment	Amount
Christopher Griebel				03/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1022</u>	
7 Caryn Ln	Weatogue	CT	06089	RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
mileage reimbursement						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$736.75

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Network and Software Solutions				03/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1023</u>	
48 Perry Ave	White Plains	NY	10603	OVHD	<input type="checkbox"/> Debit Card	
Description					Event #	
computer setup						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$200.00

Name of Payee					Date of Payment	Method of Payment	Amount
Capital Bankcard Group					03/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>		
58C Alna Ln	East Hartford	CT	06107	BNK	<input type="checkbox"/> Debit Card		
Description						Event #	
credit card processing fees							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$9.10

Name of Payee					Date of Payment	Method of Payment	Amount
American Express					03/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>		
PO Box 53852	Pheonix	AZ	85072-3852	BNK	<input type="checkbox"/> Debit Card		
Description						Event #	
Credit card processing fees							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div> <div> <input type="checkbox"/> Yes </div> <div> <input checked="" type="checkbox"/> No </div>							
							\$7.95

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Complete Payroll Solutions				03/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>DN</u>	
1 Carando Dr	Springfield	MA	01104	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
payroll tax deposit						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$283.65

Name of Payee				Date of Payment	Method of Payment	Amount
Maelstrom Solutions				03/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>	
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	<input type="checkbox"/> Debit Card	
Description					Event #	
yourpatriot.com contribution processing fees						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$228.50

Name of Payee				Date of Payment	Method of Payment	Amount
Maelstrom Solutions				03/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>	
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	<input type="checkbox"/> Debit Card	
Description					Event #	
yourpatriot.com contribution processing fees						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$31.40





## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## N. Expenses Paid By Committee

Name of Payee Rosa Mexicano					Date of Payment 03/11/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1028</u>	Amount          \$2,123.06
Street Address 61 Columbus Avenue At 62nd St		City New York	State NY	Zip Code 10023	Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Description Fundraiser						Event # 03112010B	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Other Candidate(s) Name  Office Sought  	
Name of Payee Maelstrom Solutions					Date of Payment 03/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>dm</u>	Amount          \$515.30
Street Address 200 S Executive Dr Ste 101		City Brookfield	State WI	Zip Code 53005	Purpose of Expenditure BNK	<input type="checkbox"/> Debit Card	
Description yourpatriot.com contribution processing fees						Event # 	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Other Candidate(s) Name  Office Sought  	
Name of Payee Maelstrom Solutions					Date of Payment 03/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>dm</u>	Amount          \$11.40
Street Address 200 S Executive Dr Ste 101		City Brookfield	State WI	Zip Code 53005	Purpose of Expenditure BNK	<input type="checkbox"/> Debit Card	
Description yourpatriot.com contribution processing fees						Event # 	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Other Candidate(s) Name  Office Sought  	

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Maelstrom Solutions					03/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>dm</u>	
200 S Executive Dr Ste 101		Brookfield	WI	53005	BNK	<input type="checkbox"/> Debit Card	
Description						Event #	
yourpatriot.com contribution processing fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$226.40							

Name of Payee					Date of Payment	Method of Payment	Amount
Datamail					03/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1031</u>	
597 N Mountain Rd		Newington	CT	06111-2054	A-DM	<input type="checkbox"/> Debit Card	
Description						Event #	
mailer to delegates							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$2,500.00							

Name of Payee					Date of Payment	Method of Payment	Amount
Complete Payroll Solutions					03/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>ACH</u>	
1 Carando Dr		Springfield	MA	01104	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
payroll tax deposit							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$3,219.48							

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Complete Payroll Solutions				03/17/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>	
1 Carando Dr	Springfield	MA	01104	BNK	<input type="checkbox"/> Debit Card	
Description					Event #	
payroll processing fees						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="checked" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
\$2.02						

Name of Payee						Date of Payment	Method of Payment	Amount
Ashley Maagero						03/18/2010	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure			
11 Pleasant Vw Dri		Suffield	CT	06078	WAGE			
Description							Event #	
payroll								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
				Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
\$5,231.04								

Name of Payee				Date of Payment	Method of Payment	Amount
Filomeno & Company, P.C.				03/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1034</u> <input type="checkbox"/> Debit Card	
80 S Main	West Hartford	CT	06107	OVHD		
Description					Event #	
campaign accounting for Feb 2010						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$1,625.00

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount						
Capital Bankcard Group				03/19/2010	<input checked="" type="checkbox"/> Check #							
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1038</u>							
58C Alna Ln	East Hartford	CT	06107	EFV *	<input type="checkbox"/> Debit Card							
Description					Event #							
Credit card machine - purchase												
Is this expenditure coordinated with another candidate for which reimbursement is sought? <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;">Other Candidate(s) Name</td> <td style="width: 33%;">Office Sought</td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>							<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought	<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought										
<input checked="" type="checkbox"/> No												
						\$265.00						

Name of Payee				Date of Payment	Method of Payment	Amount
Maelstrom Solutions				03/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>	
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	<input type="checkbox"/> Debit Card	
Description					Event #	
yourpatriot.com contribution processing fees						
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
						\$74.50

Name of Payee				Date of Payment	Method of Payment	Amount
Maelstrom Solutions				03/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>	
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	<input type="checkbox"/> Debit Card	
Description					Event #	
yourpatriot.com contribution processing fees						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$24.60

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### N. Expenses Paid By Committee

Name of Payee						Date of Payment	Method of Payment	Amount
Kathleen F. Rohrs						03/19/2010	<input checked="" type="checkbox"/> Check # <u>1035</u> <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure			
3 Caryn Ln		Weatogue	CT	06089	RCW			
Description							Event #	
Reimbursement for letterhead from Staples								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Other Candidate(s) Name								
Office Sought								
\$782.26								
Name of Payee						Date of Payment	Method of Payment	Amount
Christopher Griebel						03/19/2010	<input checked="" type="checkbox"/> Check # <u>1036</u> <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure			
7 Caryn Ln		Weatogue	CT	06089	RCW			
Description							Event #	
reimburse mileage, video camera purchase								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Other Candidate(s) Name								
Office Sought								
\$544.00								
Name of Payee						Date of Payment	Method of Payment	Amount
Comcast						03/19/2010	<input checked="" type="checkbox"/> Check # <u>1037</u> <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure			
PO Box 1577		Newark	NJ	07101-1577	OVHD			
Description							Event #	
2.5 months internet, tv service								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Other Candidate(s) Name								
Office Sought								
\$636.57								

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Thomas J. Groark Jr					03/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1040</u>	
35 Saddle Ridge Dr		Bloomfield	CT	06002	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Refund of non-qualifying contribution							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name	Office Sought	\$1,000.00
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Allison Marre					03/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1041</u>	
439 Farmington Ave Apt 302		Hartford	CT	06101	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
relocation reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name	Office Sought	\$250.00
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Maelstrom Solutions					03/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>dm</u>	
200 S Executive Dr Ste 101		Brookfield	WI	53005	BNK	<input type="checkbox"/> Debit Card	
Description						Event #	
yourpatriot.com contribution processing fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name	Office Sought	\$118.70
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## N. Expenses Paid By Committee

Name of Payee Bingham McCutchen LLP					Date of Payment 03/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1043	Amount          \$300.00
Street Address 1 State St	City Hartford	State CT	Zip Code 06103-3178	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description YWCA luncheon					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Maelstrom Solutions					Date of Payment 03/29/2010	Method of Payment <input checked="" type="checkbox"/> Check # dm	Amount          \$373.50
Street Address 200 S Executive Dr Ste 101	City Brookfield	State WI	Zip Code 53005	Purpose of Expenditure BNK	<input type="checkbox"/> Debit Card		
Description yourpatriot.com contribution processing fees					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Connecticare					Date of Payment 03/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1044	Amount          \$1,010.55
Street Address 175 Scott Swamp Rd	City Farmington	State CT	Zip Code 06032	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description April health insurance costs					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		





IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Oz For Governor, Inc.						Original 04/12/2010
N. Expenses Paid By Committee						
Name of Payee Maelstrom Solutions				Date of Payment 03/31/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>dm</u>	Amount          \$928.25
Street Address 200 S Executive Dr Ste 101	City Brookfield	State WI	Zip Code 53005	Purpose of Expenditure BNK	<input type="checkbox"/> Debit Card	
Description yourpatriot.com contribution processing fees					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	
Total of Section N						<b>\$58,325.61</b>

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Oz For Governor, Inc.						Original 04/12/2010	
O. Campaign Expenses Paid By Candidate							
Name of Payee US Post Office				Date of Payment 01/26/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address LaSalle Road		City West Hartford		State CT	Zip Code 06089-9998		
Purpose of Expenditure POST	Description Post office box rental				Event #		\$38.00
Name of Payee Best Buy				Date of Payment 01/27/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address 44 Albany Tpke		City West Simsbury		State CT	Zip Code 06092		
Purpose of Expenditure EFV *	Description 2 GPS units and warranty				Event #		\$635.97
Name of Payee Campaign Secrets				Date of Payment 01/28/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address 1765 Ridgemill Terrance		City Dacula		State GA	Zip Code 30019		
Purpose of Expenditure Misc *	Description publication				Event #		\$24.95
Name of Payee Staples				Date of Payment 02/07/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address 15 Albany Tpke		City Simsbury		State CT	Zip Code 06092		
Purpose of Expenditure OFFICE	Description posterboard				Event #		\$13.02

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## O. Campaign Expenses Paid By Candidate

Name of Payee Best Buy				Date of Payment 02/18/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount          \$402.79
Street Address 44 Albany Tpke		City Simsbury		State CT	Zip Code 06092			
Purpose of Expenditure EFV *	Description 32" LCD TV -purchase				Event #			
Name of Payee The Home Depot				Date of Payment 02/19/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount          \$386.64
Street Address 503 New Park Ave		City West Hartford		State CT	Zip Code 06110			
Purpose of Expenditure EFV *	Description purchase and delivery of 6 office tables, 100 foot cable				Event #			
Name of Payee Radio Shack				Date of Payment 02/19/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount          \$3.81
Street Address 39 S Main St		City West Hartford		State CT	Zip Code 06107-2489			
Purpose of Expenditure EFV *	Description GP Conn Module				Event #			
Name of Payee Best Buy				Date of Payment 02/21/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount          \$1,367.37
Street Address 44 Albany Tpke		City West Simsbury		State CT	Zip Code 06092			
Purpose of Expenditure EFV *	Description 2 laptops and an external hard drive				Event #			



#### IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE
Oz For Governor, Inc.						Original 04/12/2010
<b>O. Campaign Expenses Paid By Candidate</b>						
Name of Payee Westport Republican Town				Date of Payment 03/01/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address PO Box 601		City Westport	State CT	Zip Code 06880		
Purpose of Expenditure ATT *	Description Wesport Republican Town Committee Meeting			Event #		\$400.00
Name of Payee Stratford Republican Town				Date of Payment 03/01/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address 1034 E Main St		City Stratford	State CT	Zip Code 06614		
Purpose of Expenditure ATT *	Description Stratford Republican Town Committee Meeting			Event #		\$300.00
Name of Payee Glastonbury Republican To				Date of Payment 03/03/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address 2333 Main St		City Glastonbury	State CT	Zip Code 06033		
Purpose of Expenditure ATT *	Description Glastonbury Republican Town Committee meeting			Event #		\$100.00
Name of Payee Bristol Republican Town C				Date of Payment 03/05/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address 129 Church St		City Bristol	State CT	Zip Code 06010		
Purpose of Expenditure ATT *	Description Republican town committee meeting			Event #		\$250.00

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### O. Campaign Expenses Paid By Candidate

Name of Payee					Date of Payment		Is Reimbursement Claimed?		Amount
Walmart					03/07/2010		<input checked="" type="checkbox"/> Yes		
Street Address					City		State		
225 W Main St					Avon		CT		Zip Code
									06001
Purpose of Expenditure		Description						Event #	
OFFICE		coffee supplies, pens, hammer, tacks							

Name of Payee Postmaster				Date of Payment 03/08/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address 932 Hopmeadow St		City Simsbury	State CT	Zip Code 06070-9998		
Purpose of Expenditure POST	Description solicitation mailings				Event #	\$10.29

Name of Payee Staples				Date of Payment 03/09/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address 15 Albany Tpke		City West Simsbury	State CT	Zip Code 06092		
Purpose of Expenditure Misc *	Description whiteboards, markers, folders, calendars				Event #	
						\$270.55

Name of Payee					Date of Payment		Is Reimbursement Claimed?		Amount
Wintonbury Hills Golf Clu					03/11/2010		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			City		State	Zip Code			
206 Terry Plains Rd			Bloomfield		CT				
Purpose of Expenditure		Description					Event #		
FOOD		beverages - Lincoln dinner Bloomfield							

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### O. Campaign Expenses Paid By Candidate

Name of Payee R Nelson Griebel				Date of Payment 03/12/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address 7 Caryn Ln		City Weatogue	State CT	Zip Code 06089-9784		
Purpose of Expenditure TRVL	Description travel, mileage, cabs and airfare				Event #	
						\$1,848.20

Name of Payee Verizon Wireless				Date of Payment 03/17/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount          \$37.78
Street Address PO Box 4003		City Acworth	State GA	Zip Code 30101		
Purpose of Expenditure OVHD	Description telephone expense				Event #	

Name of Payee Windsor Republican Town C				Date of Payment 03/19/2010	Is Reimbursement Claimed? <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	Amount
Street Address 50 Church St		City Windsor Locks	State CT	Zip Code		
Purpose of Expenditure ATT *	Description Windsor Locks Republican Town Committee				Event #	
						\$120.00

Name of Payee Dunkin Donuts				Date of Payment 03/20/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount          \$45.99
Street Address 1234 Farmington Ave		City West Hartford	State CT	Zip Code 06107		
Purpose of Expenditure FOOD	Description Senior advisor committee meeting				Event #	



# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## O. Campaign Expenses Paid By Candidate

Name of Payee Staples	Date of Payment 03/25/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address 2550 Albany Ave	City West Hartford	State CT	Zip Code 06117
Purpose of Expenditure OFFICE	Description Supplies	Event #	\$25.72
Name of Payee www.101phones.com	Date of Payment 03/30/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address 34 34th St Fl 3	City Brooklyn	State NY	Zip Code 11232
Purpose of Expenditure EFV *	Description purchase of 5 phones for office	Event #	\$398.60
Name of Payee R Nelson Griebel	Date of Payment 03/31/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address 7 Caryn Ln	City Weatogue	State CT	Zip Code
Purpose of Expenditure TRVL	Description mileage, parking, tolls 03/01-03/31/10	Event #	\$456.44
Name of Payee Enfield Republican Town C	Date of Payment 03/31/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address 820 Enfield St	City Enfield	State CT	Zip Code 06082
Purpose of Expenditure ATT *	Description Enfield Republican Town Committee meeting	Event #	\$100.00

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

### O. Campaign Expenses Paid By Candidate

Name of Payee Republican State Central					Date of Payment 03/31/2010	Is Reimbursement Claimed? <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	Amount
Street Address 321 Ellis St Ste 501		City New Britain		State CT	Zip Code 06051		
Purpose of Expenditure ATT *	Description Monthly Meeting Fee				Event #		
							\$35.00

Name of Payee Waterbury Republican Town				Date of Payment 03/31/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount          \$50.00
Street Address 235 Grand St		City Waterbury	State CT	Zip Code 06702		
Purpose of Expenditure ATT *	Description Waterbury Republican Town Committee Meeting				Event #	

Name of Payee R Nelson Griebel				Date of Payment 03/31/2010		Is Reimbursement Claimed? <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No		Amount
Street Address 7 Caryn Ln			City Weatogue		State CT	Zip Code 06089-9784		
Purpose of Expenditure TRVL		Description parking and tolls				Event #		
								\$127.20

Total of Section O		<b>\$8,215.44</b>
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IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Oz For Governor, Inc.					Original 04/12/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa      Master Card      Discover      American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						



# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Network and Software Solutions		Date Incurred 03/11/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 48 Perry Ave		City White Plains	State NY	Zip Code 10603	
Purpose of Expenditure OVHD	Description general computer issues				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
		Other Candidate(s) Name	Office Sought		\$150.00

  

Name of Creditor East Meridian Strategies		Date Incurred 03/23/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 219 E Taylor Run Pkwy		City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure OVHD	Description automated voice message system				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
		Other Candidate(s) Name	Office Sought		\$400.00

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Network and Software Solutions		Date Incurred 03/24/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 48 Perry Ave		City White Plains	State NY	Zip Code 10603	
Purpose of Expenditure OVHD	Description general computer service				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Other Candidate(s) Name		Office Sought			\$50.00

  

Name of Creditor Network and Software Solutions		Date Incurred 03/24/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 48 Perry Ave		City White Plains	State NY	Zip Code 10603	
Purpose of Expenditure OVHD	Description Exchange hosting - 7 mailboxes				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Other Candidate(s) Name		Office Sought			\$175.00

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Boston College Club		Date Incurred 03/24/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 100 Federal St Fl 36		City Boston	State MA	Zip Code 02110-1802	
Purpose of Expenditure FNDR	Description Fundraiser expense				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$1,656.06
Name of Creditor MITA Group, Inc		Date Incurred 03/26/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 8320 Old Courthouse Rd Ste 200		City Vienna	State VA	Zip Code 22182	
Purpose of Expenditure CNSLT	Description Consulting services & out of pocket expense - March				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$5,553.94

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Filomeno & Company, P.C.		Date Incurred 03/27/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 80 S Main		City West Hartford	State CT	Zip Code 06107	
Purpose of Expenditure OVHD	Description accounting services March 2010				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$1,625.00

  

Name of Creditor Marriott Hartford Downtown		Date Incurred 03/29/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 200 Columbus		City Hartford	State CT	Zip Code 06103	
Purpose of Expenditure FNDR	Description fundraiser				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$1,458.68



# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Datamail		Date Incurred 03/29/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 597 N Mountain Rd		City Newington		State CT		Zip Code 06111-2054
Purpose of Expenditure POST	Description postage delegate mailing					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Other Candidate(s) Name		Office Sought		\$389.03		

  

Name of Creditor Berkley Risk Admin Co, LL		Date Incurred 03/29/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address PO Box 1100		City Mpls		State MN		Zip Code 55400-1100
Purpose of Expenditure OVHD	Description balance of worker's comp premium					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Other Candidate(s) Name		Office Sought		\$48.00		

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Ashley Maagero		Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 11 Pleasant Vw Dri		City Suffield		State CT		Zip Code 06078
Purpose of Expenditure RCW	Description expense reimbursement					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Creditor AT Conference		Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 1245 Farmington Ave Ste 205		City West Hartford		State CT		Zip Code 06107
Purpose of Expenditure OVHD	Description Phone conferencing charges					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Christopher Griebel		Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 7 Caryn Ln		City Weatogue	State CT	Zip Code 06089	
Purpose of Expenditure TRVL	Description mileage 3/18-3/31/10				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Name of Creditor Thomas J. Filomeno		Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 31 Bonny View Rd		City West Hartford	State CT	Zip Code 06107	
Purpose of Expenditure POST	Description postage - certified letter				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Total of Section Q					\$14,213.68

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor. Inc.	Original 04/12/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Bingham McCutchen LLP		Date of Payment 02/16/2010		Method of Payment <input checked="" type="checkbox"/> Check # 1005		Amount
Secondary Payee Connecticut Secretary of the State		Purpose of Expenditure OVHD		<input type="checkbox"/> Debit Card		
Street Address 30 Trinity St		City Hartford		State CT		
Zip Code 06106		Event #				
Description refund for payment to state for incorporation filing						
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div></div> </div> <div> <div>Office Sought</div> <div></div> </div>						
\$100.00						

  

Name of Worker/Consultant Ashley Maagero		Date of Payment 02/26/2010		Method of Payment <input checked="" type="checkbox"/> Check # 1014		Amount
Secondary Payee yourpatriot.com		Purpose of Expenditure BNK		<input type="checkbox"/> Debit Card		
Street Address 200 S Executive Dr Ste 101		City Brookfield		State WI		
Zip Code 53005		Event #				
Description yourpatriot.com account set up fee						
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div></div> </div> <div> <div>Office Sought</div> <div></div> </div>						
\$150.00						

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Ashley Maagero		Date of Payment 03/01/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Shell Oil		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address	City East Windsor	State CT	Zip Code	
Description gas			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$52.34

  

Name of Worker/Consultant Ashley Maagero		Date of Payment 03/02/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Secondary Payee Best Buy		Purpose of Expenditure EFV *	1017 <input type="checkbox"/> Debit Card	
Street Address 1026	City Enfield	State CT	Zip Code 06082	
Description purchase laptop			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$978.26

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Ashley Maagero	Date of Payment 03/02/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1017
Secondary Payee	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card
Street Address	City	State
Description Lunches to enlist volunteers	Zip Code	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought

Name of Worker/Consultant Ashley Maagero	Date of Payment 03/02/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1017	
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 14 Hazard Ave	City Enfield	State CT	Zip Code 06082-3713
Description folder, pens, paper and notebooks	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	

\$29.65

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Ashley Maagero	Date of Payment 03/02/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1017	Amount	
Secondary Payee Best Buy	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Street Address 95 Elm St	City Enfield	State CT		Zip Code 06082
Description computer diagnostic for laptop				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name Office Sought
				\$69.99

Name of Worker/Consultant Ashley Maagero		Date of Payment 03/02/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1017	Amount          \$594.93
Secondary Payee Verizon		Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code	
Description cell phone expense			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Ashley Maagero		Date of Payment 03/02/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1017 <input type="checkbox"/> Debit Card	Amount          \$303.47
Secondary Payee AMEX		Purpose of Expenditure TRVL		
Street Address	City	State	Zip Code	
Description travel/gas			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	

Name of Worker/Consultant Christopher Griebel		Date of Payment 03/05/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1022	Amount
Secondary Payee		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code	
Description Mileage reimbursement 01/19-03/01/10			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
				\$736.75





# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Ashley Maagero		Date of Payment 03/11/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee ExxonMobile		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 680 Poquonock Ave	City Windsor	State CT	Zip Code	
Description gas			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$50.77

  

Name of Worker/Consultant Ashley Maagero		Date of Payment 03/11/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Thirty Car Rental		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 211 Farmington Ave	City Hartford	State CT	Zip Code 06105-3601	
Description van rental - NY			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$156.59

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Ashley Maagero		Date of Payment 03/15/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Shell Oil		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address	City West Hartford	State CT	Zip Code	
Description gas			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$54.54

  

Name of Worker/Consultant Christopher Griebel		Date of Payment 03/19/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1036	Amount
Secondary Payee		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code	
Description Mileage reimbursement 03/04-03/16/10			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$385.01

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Kathleen F Rohrs		Date of Payment 03/19/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1035	Amount          \$782.26
Secondary Payee Staples		Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 15 Albany Tpke	City Simsbury	State CT	Zip Code 06092	
Description letterhead and envelopes			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Ashely Maagero	03/19/2010	<input type="checkbox"/> Check #	
Secondary Payee	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Verizon Wireless	EFV *		
Street Address	City	State	
1479 New Britain Ave	West Hartford	CT	
Description	Zip Code	Event #	
purchase cell phone	06110-1659		
Is this expenditure coordinated with another candidate for which reimbursement is sought?			
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			\$190.78

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Christopher Griebel	Date of Payment 03/19/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1036	Amount	
Secondary Payee Best Buy	Purpose of Expenditure EFV *	<input type="checkbox"/> Debit Card		
Street Address 1501 New Britain Ave	City West Hartford	State CT		Zip Code 06110
Description purchased video camera used for web	Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	\$158.99	

Name of Worker/Consultant Ashley Maagero		Date of Payment 03/20/2010	Method of Payment <input type="checkbox"/> Check #  <input checked="" type="checkbox"/> Debit Card	Amount
Secondary Payee Porcellos Inc		Purpose of Expenditure TRVL		
Street Address 710 Enfield St	City Enfield	State CT	Zip Code 06082-2913	
Description gas			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$53.00

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Ashley Maagero		Date of Payment 03/25/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Shell Oil		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address	City West Hartford	State CT	Zip Code	
Description Gas			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$53.26

  

Name of Worker/Consultant Bingham McCutchen LLP		Date of Payment 03/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1043	Amount
Secondary Payee YWCA		Purpose of Expenditure ATT *	<input type="checkbox"/> Debit Card	
Street Address 195205 Garden St	City Hartford	State CT	Zip Code 06103	
Description YWCA luncheon 04/07/10			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$300.00

  

Total of Section R			\$5,479.94
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<b>IV. EXPENDITURES</b>
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NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	Original 04/12/2010

<b>S. Surplus Distribution of Equipment and Furniture</b>
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Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				

<b>Total of Section S</b>	
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